F17000003977

(R	lequestor's Name)
(A	ddress)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	MAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	,

Office Use Only



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S. WARREN 'JUL 0 3 2017

COVER LETTER

TO:	_	tration Section of Cor					
SUBJ	ECT:	Members	s Mortgage Trust				
			Name	of corpora	tion - mu	st include suffix	
Dear S	Sir or M	adam:					
"Certi	ficate o	f Existenc		of Good S	Standing	" and check are sub	ct Business in Florida," omitted to register the
Please	return	all corresp	ondence concern	ing this ma	atter to tl	ne following:	
Denise	Dilorio						
				Name	of Perso	on	
Membe	ers Mortg	age Compa	iny Inc.				
				Firm/C	Company	•	
10 Ce	dar Stre	et, Unit 11					
				A	ddress		
Wobu	m Ma ()1801					
				City/Sta	te and Z	ip code	
denise	@mem	bersmortga		a. (to be us	ad for f	ture annual ranget	notification)
			E-mail addres	s: (to be us	ea for ft	ture annual report	notification)
For fu	rther in	formation	concerning this n	natter, plea	se call:		
Denis	e Dilorio	1		at (781	\ . ?	376-2805	
		e of Perso	n	Area (/ -	Daytime Telep	hone Number
	Regis Divis Clifto 2661	tration Se ion of Cor on Buildin	porations g Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	sed is a	check for	the following am	ount:			
□ \$7	0.00 Fil	ing Fee	□ \$78.75 Filin Certificate			8.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 16, 2017

DENISE DILORIO 10 CEDAR STREET, UNIT 11 WOBURN, MA 01801

SUBJECT: MEMBERS MORTGAGE COMPANY

Ref. Number: W17000041030



We have received your document for MEMBERS MORTGAGE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is F14000001729.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00012316

50-245-6051. Registration immediately.



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2017

DENISE DILORIO 10 CEDAR STREET, UNIT 11 **WOBURN, MA 01801**

SUBJECT: MEMBERS MORTGAGE TRUST

Ref. Number: W17000041030



We have received your document for MEMBERS MORTGAGE TRUST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED. I 1) Se Members Mortgage Company

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00011035

CAN you please contact me if : Company" will Not

be acceptable?

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

my name is spelled with 2 13 - se cond is capitalized I

May 12, 2017

DENISE DILORIO 10 CEDAR STREET, UNIT 11 WOBURN, MA 01801

SUBJECT: MEMBERS MORTGAGE COMPANY, INC.

Ref. Number: W17000041030

We have received your document for MEMBERS MORTGAGE COMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F14000001729.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00009573

BITH COUNT TO CONTINUE OF THE MOMENT IN THE CONTROL THE OHERON

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," lorp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	1,"	
	age Trust Incorporated			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transactin	g business in Florida)	
. Massachusetts	3.	04-3243815		
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)	
08/24/1994	5			
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)			
j	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liabili	ity)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liabili 1 office address)	ity)	
7.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 (Principal Unit 11, Woburn MA 01801	2, F.S., to determine penalty liabili	ity)	
10 Cedar Street	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 (Principal Unit 11, Woburn MA 01801	12, F.S., to determine penalty liabili I office address) address, if different)	17 JUN 28 SECOLITATIONSSE	
10 Cedar Street 3. Name and stree	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) (Principal Unit 11, Woburn MA 01801 (Current mailing et address of Florida registered agent: (P.O	12, F.S., to determine penalty liabili I office address) address, if different)	17 JUN 28 PH SECOLUTION OF TALLAHASSEE, F	
10 Cedar Street 3. Name and stree Name:	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) (Principal Unit 11, Woburn MA 01801 (Current mailing et address of Florida registered agent: (P.O Registered Agents Inc. 3030 N. Rocky Point Dr. STE 150A	12, F.S., to determine penalty liabili I office address) address, if different)	17 JUN 28 SECOLITATIONSSE	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> Registered Agents Inc. Bill Havre - Assistant Secretary (Registered agent's signature)

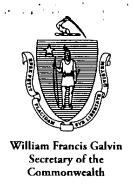
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11 Names and business addresses of officers and/or directors

11.	Names	anu	onzine22	addiesses	ΟI	officers	and/or	arrectors	٥.

A. DIRECTORS

Chairman	Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
Vice Chai	rman: Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
Director:	Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
Director:	Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
		智翁 寸
B. OFF	ICERS	FIL JUN 28
President:	Joseph P. Zampitella	36 PR D
Address:	9 Chardon Rd. Winchester Ma 01890	H 4: 38
Vice Pres	ident: Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
Secretary:	Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
Treasurer	Joseph P. Zampitella	
Address:	9 Chardon Rd. Winchester Ma 01890	
NOTE:	If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.
are true a	Signature of Director or Officer teer or director signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Department of the Department o	hat the facts stated herein urtment of State constitutes
13	Joseph P. Zampitella, President	
	(Typed or printed name and capacity of person signing application)	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: May 01, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

MEMBERS MORTGAGE COMPANY, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Travino Galecin

Certificate Number: 17050015450

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: