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Form 7188897420 1.7.18 889.1.10 Thu Jul 27 15:15:15 2017 PDF Page 1 of 4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2017 JUL 27 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
A-M-S MORTGAGE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

17 JUL 27 AM 11:49
TALLAHASSEE, FLORIDA

LED

JUL 28 2017

Y SÜLKER

**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.*

A-M-S MORTGAGE SERVICES, INC.
1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")


(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW JERSEY 22-3208488
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/15/1992
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
UPON FILING
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
375 Chestnut Street, 3C, Newark, NJ 07105
7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: BLUMBERGEXCELSIOR
CORPORATE SERVICES, INC.
Office Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

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 agent's signature)
JOSE MOJICA, ASST. SECY.

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.

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17 JUL 27 AM 11:49
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ANASTASIA KOVARY

Address: 375 Chestnut Street, 3C, Newark, NJ 07105

Director: MICHAEL EUGENE KOVARY

Address: 375 Chestnut Street, 3C, Newark, NJ 07105

B. OFFICERS

President: Anastasia Kovary

Address: 375 Chestnut Street, 3C, Newark, NJ 07105

Vice President: Michael Eugene Kovary

Address: 375 Chestnut Street, 3C, Newark, NJ 07105

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors

12. Anastasia Kovary Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

13. Anastasia Kovary, PRESIDENT

(Typed or printed name and capacity of person signing application)

17 JUL 27 AM 11:49
FILED
DEPARTMENT OF STATE
WASHINGTON, D.C. 20540

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

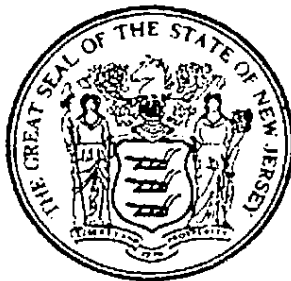
A-M-S MORTGAGE SERVICES, INC.
0100537277

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 15, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MANUAL MORGADO
375 CHESTNUT ST 4B
NEWARK, NJ 07105



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
26th day of July, 2017*

A handwritten signature in dark ink, appearing to read "Ford M. Scudder".

*Ford M. Scudder
Acting State Treasurer*

Certificate Number 6081431272

Verify this certificate online at:

http://www1.state.nj.us/TYTR/standingCert/JS/Verify_Cert.jsp