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(Business Entity Name)
(Business Enury Name)
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COVER LETTER

TO: **Registration Section** Division of Corporations

n Mortgage Name of corporation - must include suffix SUBJECT: Platinum

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anthony Focca
Name of Person
Platinum Nortgage Inc.
Firm/Company
1888 Hylan Blud
Address
Staten Island, NY, 10305
City/State and Zip code
afocca@platmtg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Focca	at (_ 7(8)	351-8296
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$78.75 Filing Fee & Certified Copy



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.

. .

L Platin	um Mortgac	Je Inc.					_
	orporation; must include "INCO orp." "Inc." "Co." or "Corp.")	RPORATED," "C	COMPANY," "C	CORPORATION	4		
Platin	um Mortgage	e of N	ew You	rk, In	IC.		
(If name unavaila	able in Florida, enter alternate co	prporate name ado	pted for the purp	ose of transactin	ig business ir	1 Florida))
2. New Y		3	59-3				_
	y under the law of which it is inc			El number, if ap	plicable)		
_{4.} 512	5/2005	5	Perpe	tual			
(Date	of incorporation)		(Date of c	luration, if other	than perpetu	iał)	
6. Upon	Ovalificatio	n					
	(Date first transac (SEE SECTIONS 607.	ted business in Flo 1501 & 607.1502.			ity)		_
7. 1888 1	Hylan Blvd. S	staten I	Island.	Nen V	lork.	103	05
	1	(Principal o	office address)				
		(Current mailing a	ddress, if differe	nt)	<u></u>		_
8. Name and stree	<u>et address</u> of Florida registere	d agent: (P.O. F	Box <u>NOT</u> acce	ptable)		291	
Name:	Registered Ac	4				2111 JUL 2 PH	_
Office Address:	3030 N. Rock	y Point	Dr. STE	150 A	-1- -1-	9	•
	Tampa		_ , Florida <u>3</u>	3607		PH	<u>1</u>
	(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.



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:

A.	DIRECTORS	

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Chairman:	
Address:	
Vice Chairman:	
Address:	····
Director:	
Address:	
Director:	
Address:	······································
B. OFFICERS	
President: Anthony Focca	<u></u>
Address: 1888 Hylan Bivol, Staten Islan	nd, NY, 10305
• 	22
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: It necessary, you may attach an addendum to the application listing a	additional officers and/or directors.
12.	
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 docur a third degree felony as provided for in s.817.155, F.S.	ment to the Department of State constitutes
B Anthom Focca	
(Typed or printed name and capacity of person signin	ig application)

....

I hereby certify, that the Certificate of Incorporation of PLATINUM MORTGAGE INC. was filed on 05/25/2005, under the name of PLATINUM FINANCE BROKERS, LTD., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PLATINUM FINANCE BROKERS, LTD., changing its name to PLATINUM MORTGAGE INC. , was filed 12/18/2012.

* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of May two thousand and eighteen.

<u> 27 – –</u>

Brendan W. Fitzgerald Executive Deputy Secretary of State