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To:

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

From:

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-J010

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

| AH IU: 2 | مستنب یو ا یا مد د ۲۰ سر اسا | | REIGN PROFIT/NONPROFIT CORPORATI Mortgage Easy, Inc. | | |
|-----------------|---|-----------------------|---|------|--|
| 30 | NSS N | Certificate of Status | 0 | | |
| JUL | 5 | Certified Copy | 0 | 30 | |
| 6 | SEC | Page Count | 04 | | |
| | | Estimated Charge | \$70.00 | 9 HA | |

Electronic Filing Menu

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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.

1. Mortgage Easy, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

| New York | | 3 | | | | |
|------------------|--|---|--|--|--|--|
| (State or counti | y under the law of which it is incorporated) | 3(FTI number, if app | licable) | | | |
| 06/08/2004 | | 5. Perpetual | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | |
| | | | ······································ | | | |
| | (Date first transacted business | in Florida, if prior to registration) 1502, F.S., to determine penalty liability | y) | | | |
| 601 Gravesen | d Neck Rd Ste 12 Brooklyn NY 11229 | | | | | |
| | | cipal office address) | | | | |
| 7901 4th St N 5 | TE 300 St. Petersburg FL 33702 | | | | | |
| | (Current mai | ling address, if different) | د~ | | | |
| | and the second sec | P.O. Box <u>NOT</u> acceptable) | 2019 JUL 30 | | | |
| Name: | Registered Agents Inc. | | ···· 30 | | | |
| fice Address: | 7901 4th St N STE 300 | | AN SELET | | | |
| | St. Petersburg | . Florida <u>33702</u> | | | | |
| | | | | | | |

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)

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 enstody of corporate records in the jurisdiction under the law of which it is incorporated.

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| II. | Names and | business | addresses | oľ | officers | and/or | directors: |
|-----|-----------|----------|-----------|----|----------|--------|------------|
|-----|-----------|----------|-----------|----|----------|--------|------------|

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| A, DIR | ECTORS | | | |
|-----------|--|--------------------------------|-------------------------|--------------------|
| Chairma | I: Alexander Dvorin | · | | |
| Address | 1601 Gravesend Neck Rd Ste 12 | | | |
| | Brooklyn NY 11229 | | | |
| Vice Ch | hman: | | <u>-</u> | |
| Address | · | | | |
| au. • | Alexander Dvorin | | | |
| | | | | |
| Address: | 1601 Gravesend Neck Rd Ste 12 | | | |
| | Brooklyn NY 11229 | | | |
| Director | | | | |
| Address: | | | | |
| B. OFI | FICERS | | | |
| Presiden | Alexander Dvorin | | 201 | |
| Address: | 1601 Gravesend Neck Rd Ste 12 | | 19 0 | |
| | Braoklyn NY 11229 | <u> </u> | ట్ | |
| Vice Pre | sident: | -• | | |
| Address: | | <u></u> | AM | 1 <u>=1</u> =1] |
| | | | | |
| Secretary | /: Alexander Dvorin | | | |
| Address | 1601 Gravesend Neck Rd, ste 12 Brooklyn NY 11229 | | | . <u></u> , |
| Treasure | Alexander Dvom | | | |
| Address | 1601 Gravesend Neck Rd, ste 12 Brooklyn NY 11229 | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional office | ers and/or di | rectors. | |
| 12. | Signature of Director or Officer | | · · | |
| are true | icer or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Dep keyreg felony as provided for in s.817.155, F.S. | that the fact partment of S | s stated f State com | ierein stitutes |

13. <u>Alexande Dvoein</u> -President (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MORTGAGE EASY, INC. was filed on 06/03/2004, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of July two thousand and nineteen.

Brandon C. Highen

Brendan C. Hughes Deputy Secretary of State

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