

F1900000469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

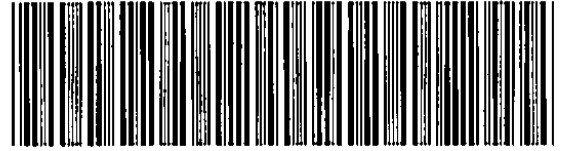
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COVER LETTER

TO: Registration Section
Division of Corporations
MORTGAGE FIRST DIRECT, INC

SUBJECT: _____
Name of corporation - must include suffix

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:
DWIGHT NORTHOVER

Name of Person	
MORTGAGE FIRST DIRECT INC.	
Firm/Company	
1923 SPRINGFIELD AVE	
Address	
MAPLEWOOD, NJ 07040	
City/State and Zip code	
B2B@MFDWEB.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

DWIGHT NORTHOVER	973	763-4000
_____	at (_____)	_____
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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status
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.*

MORTGAGE FIRST DIRECT INC.

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

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW JERSEY 22-3747463

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/08/2000 INDEFINITELY

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1923 SPRINGFIELD AVE, MAPLEWOOD, NJ 07040

7. _____
(Principal office address)
1923 SPRINGFIELD AVE, P.O. BOX 678, MAPLEWOOD, NJ 07040

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Dwight Northover

Name: _____

80 SW 8th Street, Suite 2000

Office Address: _____

MIAMI

33130

_____, Florida _____

(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity 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 custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DWIGHT NORTHOVER

Address: 40 WYCHWOOD RD

LIVINGSTON, NJ 07039

Vice President: _____

Address: _____

Secretary: DWIGHT NORTHOVER

Address: 40 WYCHWOOD RD

LIVINGSTON, NJ 07039

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing 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 here 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. DWIGHT NORTHOVER, PRESIDENT

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

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

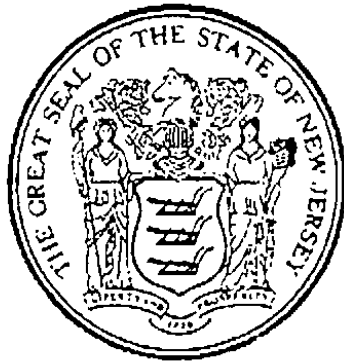
MORTGAGE FIRST DIRECT INC.
0100828038

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 September 08, 2000.

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:

DWIGHT NORTHOVER
1923 SPRINGFIELD AVE
P.O. BOX 678
MAPLEWOOD, NJ 07040



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of October, 2019

Elizabeth Maher Muoio
State Treasurer

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FILED

Certificate Number : 6101620371

Verify this certificate online at

https://www1.state.nj.us/TTR/StandingCert/ISP/Verify_Cert.jsp