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## **COVER LETTER**

TO:	_	ration Section on of Corporation	ons						
SUBJ	ECT:	MADIS	مر سور	RTGAGE	SER	VICES IN	JC.		
	-					include suffix			
Dear S	ir or Ma	dam;							
"Certif	icate of		Certificate of	of Good Sta	inding" a	zation to Transa nd check are sul orida.			
Please	return al	II corresponden	e concernin	g this matt	er to the	following:			
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		of Person	<b>`</b>	Area Co	de	Daytime Telep	ohone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please i		~		PARTMEN Fee &	□ \$78.7	ATE 5 Filing Fee & ied Copy	\$87.50 F Certifica Certified	te of Sta	

## 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.	MADISON MORTGAGE SERVICES TWO.  (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)	
2.	(State or country under the law of which it is incorporated)  3. 84-1781665  (FEI number, if applicable)	
4.	(Date of incorporation)  5. NA  (Date of duration, if other than perpetuals)	
6.	FC F 7	ı
ν.	(Date first transacted business in Florida, if prior to registration)	 
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	П
7.	33 NORTH CENTRAL AVENUE, 1 ST FLOOR OFFICE VALLET STREAM, NO	7711280
	(Principal office <u>street</u> address)	
	(Current mailing address, if different)	
8.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: Northwest Rogistered Agent LLC Diffice Address: 7901 4th Street N, STE 300	
O	Office Address: 7901 4th Street N, STE 300	
	St. Petersburg Florida 33702 (City) (Zip code)	
	. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the pla	ur p
de	esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit	r. <i>I</i>
	irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my a nd I am familiar with and accept the obligations of my position as registered agent.	luties,

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.

A. DIRECTORS					
□Chairman	Name: SHAHEEN TEHRANY	□Chairman	Name:		
□ Vice Chairman	Address: 33 NORTH CENTRAL	□ Vice Chairman	Address:		
□Director	AVENUE, 1 ST FLOOR OFFICE	□Director			
<b>⊠</b> President	VALLEY STREAM, NY 11580	□President			
□Vice President		□Vice President	<del></del>		
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer		
XIOther CE	Other	□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	□Secretary	20gr TALLC		
□Other	Other	Other	A Flother To		
			SSEE. P		
□Chairman	Name:	□ Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address: 22		
□Director		□Director			
□President		□President			
□Vice President		☐ Vice President			
Secretary	☐ Treasurer	□Secretary	□Treasurer		
Other	Other	Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer					
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. Shaheen Phrany, President + CEO (Typed or printed name and carracity of person signing application)					

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MADISON MORTGAGE SERVICES INC. was filed on 01/28/2019, 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.

I further certify that no other documents have been filed by such corporation.

OF NEW CONTRACTOR OF STATEMENT OF STATEMENT

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of February two thousand and twenty.

Brade C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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