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 : (718)889-7420

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

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FOREIGN PROFIT/NONPROFIT CORPORATION GARDEN STATE MORTGAGE CORPORATION

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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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. GARDEN STATE MORTGAGE CORP. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Fiorida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, it applicable) (State or country under the law of which it is incorporated) 09/18/2017 (Date of duration, if other than perpetual) (Date of incorporation) Upon Filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607.1502, F.S., to determine penalty hability) 197-199 Paterson Avenue Unit 2 East Rutherford, NJ 07073 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BlumbergExcelsior Corporate Services, Inc. Name: 155 Office Plaza Drive, 1st Fl. Office Address: Tallahassee (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 revistered agent.

(City)

(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.

Page	4	٥f	5	
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1. Names and business addresses of officers and/or directors:	LEL
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A. DIRECTORS	-J2J 647 25 PA 5: 00
Vincent Giordano Chauman: 197.) 99 Paterson Avenue Unit 2 Hast Rutherford, NJ 07073	
1974) 99 Paterson Avenue Unit 2 Hast Rutherford, NJ 07073 address:	$\frac{\partial \partial \mathcal{L}_{i}}{\partial \mathcal{L}_{i}} = i \mathcal{L} \frac{\partial \mathcal{L}_{i}}{\partial \mathcal{L}_{i}}$
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υεοίοι	
.ddress:	
B. OFFICERS	
Vincent Giordano resident:	
197-199 Paterson Avenue Unit 2 Hast Rutherford, NJ 07073	
Vice President:	
Address:	
Secretory:	
Leastner:	
Treasturer:	
NOTE: If necessary, you may attach an addendum to the applicat	
V-b/2	
Signature of Director of The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted third degree felony as provided for in \$.817.155, F.S.	number 11 above) affirms that the facts stated herein
Vincent Giordano-President	
13. (Typed or printed name and capacity of po	erson signing application)

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

GARDEN STATE MORTGAGE CORP 0450201041

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 18, 2017.

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:

CHARLES HAWTHORNE 57 BRANT AVENUE CLARK, NJ 07066



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of May, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6107823651

Verify this certificate online at

https://www.l.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp