## F2000000 3412

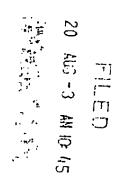
(Re	equestor's Name)	
(Ad	Idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	<del></del>
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to 8/3 Pecer Ved Orrection	Applicasion	
W2-691	052	





600347184156

06/30/20/ 14892 H027 \*\*\*\*\*\*\*\*



#### **COVER LETTER**

TO: Registration Section Division of Corporation			
•	GAGE COMPANY INCORPO	DRATED	
SUBJECT:	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good Star orporation to transact busine	iding" and check are sub-	
Please return all correspon	dence concerning this matter	r to the following:	
LOVETTE DOBSON			
	Name of	Person	
<del>-</del>	Firm/Con	npany	
17350 STATE HWY 249 ST	E 220		
	Addr	ess	
HOUSTON, TX 77064			
	City/State a	ind Zip code	
EFILE1234@INCFILE.CON	1		
	E-mail address: (to be used	for future annual report n	otification)
For further information con	ncerning this matter, please o	call:	
LOVETTE DOBSON	at ( )		
Name of Person	Area Cod	Daytime Telepl	hone Number 2
STREET/COURI Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection 3 5 7 5 proporations 5 5 7
Enclosed is a check for the	following amount: FLORIDA DEPARTMENT	OF STATE	
		☐ \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

### 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.

70			
•	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)
NEW JERSEY	3.	(FEI number, if	
•			applicable)
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
· •			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		ilitv\
	•	2, F.S., to determine penany nao	iiity)
39 Roselawn /	Ave Bridgeton, NJ 08302		<del></del>
20 Poselsum Au	e Bridgeton, NJ 08302	e street address)	
39 Kozelawii Av		address, if different)	
	(Curent maning	, address, if different/	
Name and street	et address of Florida registered agent: (P.O.	Box NOT accentable)	70
14anic and <u>suct</u>	Bill Havre	Box Mor acceptation)	
Name:	Dill Havie		
ffice Address:	7901 4th St. North Suite 300		
11100 / 100000.	St Petersburg	33702	
	(City)	, Florida(Zip code)	
	(Oily)	(216 0000)	õ

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

A. DIRECTORS AND ADVISOR OF THE PROPERTY OF TH						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 39 Roselawn Ave	□Vice Chairman	Address:			
Director	Bridgeton, NJ 08302	□Director				
President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	<del></del>			
□President		□President				
□Vice President	<del></del>	□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
Other	Other	□Other				
			Name: 20 Address: 25			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		□President	<u> </u>			
□Vice President		□Vice President	Q. 4. 4.			
□Secretary	□Treasurcr	☐ 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						

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.

Damon Marshall - PRESIDENT

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

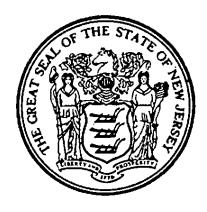
### AXIS MORTGAGE COMPANY INCORPORATED 0450409520

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 August 19, 2019.

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:

DAMON N MARSHALL 39 ROSELAWN AVE BRIDGETON, NJ 08302



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of June, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6108535868

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2020

er er er syn er er er

LOVETTE DOBSON 17350 STATE HWY 249 STE 220 HOUSTON, TX 77064 US

SUBJECT: AXIS MORTGAGE COMPANY INCORPORATED

Ref. Number: W20000069652

We have received your document for AXIS MORTGAGE COMPANY INCORPORATED and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 820A00013203

Laura D Chang Regulatory Specialist II

8/3 Pecerved Corrected Application