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NAME:

SKYLINE EXPRESS MORTGAGE CORPORATION

TYPE OF FILING: APPLICATION

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COVER LETTER

TO: Regisi Divisi	tration Section ion of Corporations			1
CUBUCT.	SKYLINE EXPRESS MORTGA	AGE CORPOR	ATION	
SUBJECT:	Name of o	corporation - r	nust include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corports of Existence," or "Certificate of ced foreign corporation to trans	Good Standii	thorization to Transact Business in Florida, 18" and check are submitted to register the in Florida.	
Please return	all correspondence concerning	this matter to	the following:	ı
Trevor Dandra	ıde			· ·
		Name of Pe	rson	
SKYLINE EX	PRESS MORTGAGE CORPOR	ATION		<u>.</u>
		Firm/Compa	ny	
167-18 145th	Drive			
		Address		
Jamaica, NY	11434			<u>-</u>
		City/State and	Zip code	
TREVOR.DA	NDRADE@SKYLINEEXPRES	SMORTGAGE	S.СОМ	
	E-mail address: (to be used for	future annual report notification)	,
For further in	iformation concerning this mat	ter, please cal	l:	
Trevor Dandr	ade	646 t (358-9877	
Nan	ne of Person	Area Code	Daytime Telephone Number	
Regi Divi: The 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee is N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	!
Enclosed is a Please make o	a check for the following amounteek payable to: FLORIDA DEI ling Fee	Fee & Grant Gran	OF STATE \$78.75 Filing Fee & S87.50 Filing Certified Copy Certificate of Certified Copy	Status 🍕

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.

	RESS MORTGAGE CORPORATION orporation; must include "INCORPORATED	" "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
		S. d	orida)
(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Flo	J1104)
New York	3	(FEI number, if applicable)	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/22/2019	5	(Date of duration, if other than perpetual)	- ; -
(Date	of incorporation)	(Date of duration, if other than perpetual)	1
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
167-18 145th Dri	ve, Jamaica, NY 11434		
	(Principal o	ffice street address)	
		ω	20
	(Current mail	ling address, if different)	2
			H.R.
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	3
	Paracorp Incorporated		- C
Name:		mo	
ffice Address:	155 Office Plaza Drive, 1st Floor	FIA	99
	Tallahassee, FL 32301	, Florida 32301	 ,
	(City)	(Zip code)	
	·		
Registered ag	ent's acceptance:	rvice of process for the above stated corporation	at the place
متحلم مدتر المسامية والمتاريخ	condigation I haraby accept the appoint	itment as registerea agent and agree to act in ini	is cuparity.
ether corre to c	comply with the provisions of all statutes	s relative to the proper and complete perjormant	e of my dut
nd I am familiai	r with and accept the obligations of my	position as registerea agent.	
	See Attached		
_	(Registered agent's		

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				1
☐Chairman	Name:	□Chairman	Name:	l l
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Jamaica, NY 11434	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		
□President		□President		
□Vice President		□Vice President	-	<u> </u>
Secretary	Treasurer	□Secretary		☐Treasurer '
Other	□ Other	Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	C] Treasurer	☐ Secretary		□Treasurer
Other	□Other	□Other		□Other
individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	ent of 2fate Vuunai K	ероп юпп.	•
12.	Signature of Director	or Officer		· · · · · · · · · · · · · · · · · · ·
The officer or dir she is aware that s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Department of	er III above) affirms ti	hat the facts state	d herein are true and that he

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 3/23/2021

ENTITY NAME: Skyline Express Mortgage Corporation

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SKYLINE EXPRESS MORTGAGE CORPORATION was filed on 11/22/2019, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of March two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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