

5/5/2021

F21000002506

Florida Department of State
Division of Corporations
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((H21000181065 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)288-0845

**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

Mountain Mortgage Corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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YES
S/6/21

DocuSign Envelope ID: BFC78DD3-1BBC-4660-98F0-07D045E13819

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.

Mountain Mortgage Corp.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New Jersey (FEI number, if applicable)
4. _____ 5. _____
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual)
9-24-1982
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1435 Morris Ave, Union, NJ 07083
7. _____
(Principal office address)
- _____ (Current mailing address, if different)

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

C T Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation, _____

33324

_____, 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 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 registered agent.

C T Corporation System

By: Tracy Kellner Tracy Kellner Assistant Secretary

(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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II. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

Mark Grossman

President: _____

6 Bear Brook Lane, Livingston New Jersey 07039

Address: _____

Vice President: _____

Address: _____

Ilene Grossman

Secretary: _____

6 Bear Brook Lane Livingston New Jersey 07039

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

5/3/2021

12.

Mark Grossman
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.

Mark Grossman

13. _____

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

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

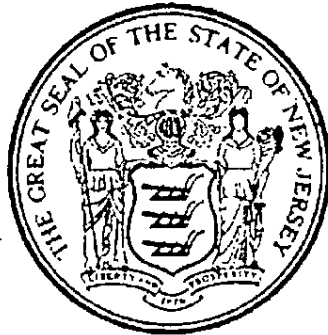
MOUNTAIN MORTGAGE CORP.
0100177876

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 24, 1982.

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:

MARK GROSSMAN
1435 MORRIS AVENUE
UNION, NJ 07083-3506



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of May, 2021

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6113665334

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

SECRETARY OF STATE
TALLAHASSEE, FL

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