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COVER LETTER

	stration Section sion of Corporations						
SUBJECT	ANNA & DAVI MORTGAGE CORPORATION						
SOBJECT	Name of corporation - must include suffix						
Dear Sir or l	Madam:						
"Certificate	d "Application by Foreign Corporation for Author of Existence," or "Certificate of Good Standing" a need foreign corporation to transact business in Fl	ind check are submitted	iness in Florida." to register the				
Please return	all correspondence concerning this matter to the	following:					
	TRINITY LAKE SING	1	202				
	Name of Person		2021 JUH				
	ANNA & DAVI MORTGAGE CORPORATION		ω ω				
	Firm/Company						
	135-49 LEFFERTS BLVD S	UITE 102	P				
	Address		= =				
	SOUTH OZONE PARK NEW YO	ORK 11420					
	City/State and Zip	code					
	ANNADAVICORP@GMAIL.C						
	E-mail address: (to be used for futu	re annual report notific	ation)				
For further i	nformation concerning this matter, please call:						
TRIN	TTY LAKE SINGH at (718 843	-7134					
Na	me of Person Area Code	Daytime Telephone	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					
Enclosed is Please make \$70.00 F	······································	TATE 75 Filing Fee & ified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy				

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	ANNA & DAV	/I MORTGAGE CORPC	DRATION	
	orporation; must include orp," "Inc." "Co." or "Cor		COMPANY," "CORPORAT	Ñ, MÕI,
(If name unavaila	able in Florida, enter alter	nate corporate name ado	pted for the purpose of transa	acting business in Florida)
	NEW YORK		06 175763	17
(State or countr	y under the law of which	it is incorporated)	(FEI number, i	if applicable)
	PTEMBER 19, 2005			
	of incorporation)		(Date of duration, if ot	her than perpetual)
6.		JUNE 1, 2021		
7	(SEE SECTION 49 LEFFERTS BLVD	SOUTH OZONE PA (Principal office s	street address)	ability) 282 11420 11 3
9 Name and street	et address of Florida re	,	ddress, if different) Box NOT acceptable)	
b. Name and street	TRINITY LAKE SIN			
Name:	TRIVITI LARE SILV		_	
Office Address:	7708 RIFFLE LN			
	ORLANDO		, Florida <u></u>	_

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.

(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.

A. DIRECTORS	TRINITY LAKE SINGH		RITA SINGH			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 158-09 92nd STREET	☐Vice Chairman	Address:			
□Director	HOWARD BEACH	□Director	HOWARD BEACH			
President	NEW YORK 11414	□President	NEW YORK 11414			
□Vice President		■Vice President				
□Secretary	Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	□Other			
			N.			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director	~>			
□President		□President	202 J			
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	☐Treasurer			
Other	□Other	□Other	Other			
			1.0			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
the distribution of a second by	Use an attachment to report more than six (6). The attache added to the index when thing your Florida Department	າດ•∕`ດ໌ StateVAnnual R	enort 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 of 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. TRINITY LAKE SINGH PRESIDENT (Typed or printed name and capacity of person signing application)						

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ANNA & DAVI MORTGAGE CORPORATION was filed on 09/19/2005, 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 15th day of June two thousand and twenty-one.

Braden C. Hughan

Brendan C Hughes
Executive Deputy Secretary of State