

# F21000005986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

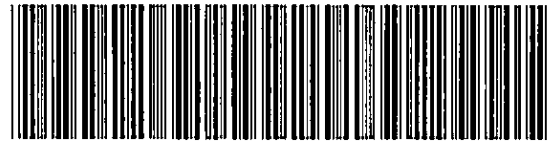
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10-19-21

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03/07/21--01000--004 \*\$78.75

2021 OCT 19 AM 9:57  
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OCT 20 2021  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Family Wealth Mortgage

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person
Florida Registered Agent LLC	
	Firm/Company
7901 4th St N STE 300	
	Address
St.Petersburg, FL 33702	
	City/State and Zip code
agent@floridaregisteredagent.net	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Willis	at ( 856 )	4756099
Name 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 a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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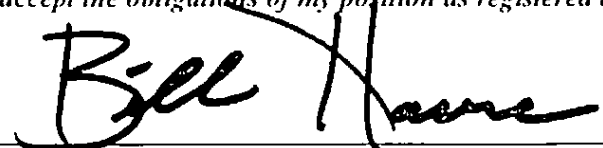
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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.*

1. Family Wealth Mortgage Corp  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/31/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3 Myers Dr ST 3, Mullica Hill, NJ 08062  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agents Inc.
- Office Address: 7901 4th St N STE 300
- St. Petersburg, Florida 33702  
(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.*

  
\_\_\_\_\_  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 OCT 19 AM 9:57

# A. DIRECTORS

☐ Chairman Name Samantha Willis  
☐ Vice Chairman Address 3000 S. D. St 3  
☐ Director Willie Hill, No. 08122  
☒ President Samantha Willis  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other Samantha Willis ☐ Other Samantha Willis

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Samantha Willis  
☐ Vice Chairman Address: 3000 S. D. St 3  
☐ Director Willie Hill, No. 08122  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ 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. Samantha Willis  
 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.

13. Samantha Willis  
 (Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**FAMILY WEALTH MORTGAGE CORP**  
0450385685

*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 May 30, 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.*

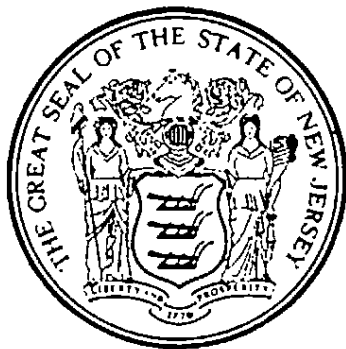
*I further certify that the registered agent and office are:*

LEGALINC CORPORATE SERVICES INC.  
301 ROUTE 17 NORTH  
SUITE 800 # 12-40  
RUTHERFORD, NJ 07070

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on March 19, 2021.*

OTHER

SAMANTHA WILLIS  
1617 COMMISSIONERS RD  
MULLICA HILL, NJ 08062



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
19th day of October, 2021

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6124293968

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCerti/JSI/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerti/JSI/Verify_Cert.jsp)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2021

FLORIDA REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

SUBJECT: FAMILY WEALTH MORTGAGE CORP  
Ref. Number: W21000122179

We have received your document for FAMILY WEALTH MORTGAGE CORP 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 221A00021697

*Rec'd  
10-10-21*