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COVER LETTER

	tration Section ion of Corporations			
SURJECT:	Value Mortgage Corporation	ı		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ding" and check are sub-	
Please return	all correspondence concern	ing this matter	to the following:	
Narendra Kapa	ndia			
		Name of I	Person	
Value Mortgag	ge Corporation			
		Firm/Com	pany	
11 Eldorado R	oad			
		Addre	ss	_
Chelmsford, M	IA 01824			
		City/State ar	nd Zip code	
mail@valuemo				
	E-mail addres	s: (to be used f	or future annual report n	otification)
For further in	formation concerning this i	natter, please c	all:	
Narendra Kapa	adia	508) 397-3115 le Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telepl	none 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	
	check for the following am teck payable to: FLORIDA D ing Fee	DEPARTMENT ing Fee &	OF STATE] \$78.75 Filing Fee & Certified Copy	S87.50 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.

Value Mortgage	Corporation			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON."	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting business in Florida	
Massachusetts	3.			
(State or country under the law of which it is incorpora		(FEI number, if	(FEI number, if applicable)	
04/30/1996	5			
(Date	of incorporation) 5.	(Date of duration, if oth	er than perpetual)	
11 Eldorado Road	1 Chelmsford, MA 01824 (Principal office)	ce street address)		
(Current mailing address, if different)			22	
	(Curent mannig	g address, ir different)	024 HASS	
Nama and etrac	at address of Florida registered agent: (P.O	Roy NOT accontable)	- 2	
Name and stree		. Box Mor acceptable)	; -	
Name:	Niranjan Patel			
ffice Address:	12031 Modena Lane		2: 09	
	Orlando	Warida 32827	, 0	
		, Florida		

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 Narendra Kapadia Name: □ Chairman □ Chairman Name: 11 Eldorado Road Address: □Vice Chairman □Vice Chairman Address: Chelmsford, MA 01824 □ Director □Director President □President □ Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ ☐ Chairman Name: □ Chairman Name: Address: □ Vice Chairman □Vice Chairman Address: □Director □Director ☐President □President □Vice President _____ □Vice President Treasurer □ Secretary Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other □ Chairman □ Chairman Name: ______ Name: ☐ Vice Chairman Address: □Vice Chairman Address: ______ □Director □ Director □President ☐ President □Vice President ____ ☐ Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary □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. maka andi 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.

Narendra Kapadia

The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Slassachusetts 02188

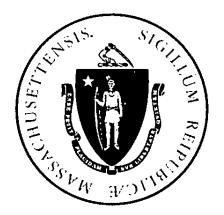
Date: March 25, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office.

VALUE MORTGAGE CORPORATION

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution: that articles of dissolution have not been filed by said corporation: that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 24030518490

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: