F2400000 2924

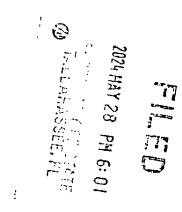
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
W2400006342D						





700427008267

04/04/24 -01018--103 **78.75









FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

	istration Section sion of Corpora					
SURIFCT	. Mortgage Wea	olth Advisors, Inc.				
SODJI.CT	•	Name of corporat	ion - mu	ist include suffix		
Dear Sir or M	Madam:					
"Certificate	of Existence," c	by Foreign Corporation or "Certificate of Good Surporation to transact bus	tanding'	and check are sub-		
Please return	all correspond	ence concerning this ma	tter to th	e following:		
Warren Goldl	berg, President					
		Name	of Perso	on		
Mortgage Wo	alth Advisors, In	c.				
		Firm/C	lompany	,		
255 Executive	e Drive, suite 410)				
		Λο	ldress			
Plainview, N	Y 11803					
		City/Stat	e and Zi	p code		
Warren@Wa	rrenGoldberg.cor					
	È	-mail address: (to be us	ed for fu	ture annual report n	otification)	
For further i	nformation con	cerning this matter, plea	se call:			
Warren Gold	berg. President	516 at (5) 584-7218 Daytime Telephone Number		
Nar	ne of Person	Area (lode	Daytime Telepl	hone 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		
	theck payable to:	following amount: FLORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified 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.

(Enter name of c	th Advisors, Inc. corporation; must include "INCORPORATED, forp." "Inc." "Co," or "Corp.")	" "COMPANY." "CORPORATION."		
(not applicable)	,			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
New York		45-2657101		
(State or count)	3. ry under the law of which it is incorporated)	(FEI number, if applicable)		
I 10 2011		(perpetual)		
(Date	e of incorporation) 5.	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
255 Executive Dr	rive, suite 410, Plainview, NY 11803			
·		ice street address)		
(same)				
	(Current mailir	ng address, if different)		
. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.C.C.) C/O Maurice Goldberg 12086 Aprilia Drive	D. Box NOT acceptable) 2024 HAY 28		
	Boynton Beach	, Florida 33437		
	(City)	(Zip code)		
laving been nam lesignated in this urther agree to c	s application, I hereby accept the appoints comply with the provisions of all statutes r with and accept the obligations of my po	ice of process for the above stated corporation at the pl ment as registered agent and agree to actin this capaci relative to the proper and complete performance of my		
	Munere Hollowy			
	(Registered agent's s	ignature)		

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	•						
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: Maortgage Wealth Advisors, Inc.	□Vice Chairman	Address:				
□Director	255 Executive Drive, suite 410	□Director					
■President	Plainview, NY 11803	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	∏Secretary	☐Treasurer				
□Other	□Other	Other	□Othet				
□ 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				
□Chairman	Name:	L3Chairman	Name:				
	Address:		Address:				
□Director		□Director _					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□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. 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 or							

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

MORTGAGE WEALTH ADVISORS INC.

DOS ID Number:

4105260

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

06/10/2011

Statement Status:

CURRENT

Statement Due Date:

06/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 13, 2024 at 12:27 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005362424 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.guy