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Office Use Only



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K Bumpley

COVER LETTER

| TO: | _ | tration Section ion of Corporations | | | | | |
|------------|--------------------------------|---|------------|----------------|--------|--|---|
| SUBJI | ፑ ርፕ۰ | New Fed Mortgage, Corp. | | | | | |
| 001201 | 001. | Name of | fc | orporation - 1 | nust | include suffix | |
| Dear Si | ir or M | adam: | | | | | |
| "Certif | icate o | "Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra | of | Good Standis | ng" a | nd check are submit | |
| Please | retum | all correspondence concerning | ıg | this matter to | the i | following: | |
| Lisa Ga | ates | | | | | | |
| | | | | Name of Pe | rson | | |
| New Fe | ed Mor | tgage, Corp. | | | | | |
| | • | | _ | Firm/Compa | ny | | · |
| 16427 | N. Sco | ttsdale Road, Ste 410 | | | | | |
| | | | | Address | | | |
| Scottsd | iale, Az | Z 85254 | | | | | |
| | | | C | ity/State and | Zip | code | |
| corplic | ensing | @yahoo.com | | | | | |
| | | E-mail address: | : (t | o be used for | futu | re annual report noti | fication) |
| For fu | rther ir | nformation concerning this ma | atte | er, please cal | l: | | |
| Lisa Gates | | at | 602 | 290 | -7141 | | |
| | Nan | ne of Person | | Area Code | , | -7141 Daytime Telephor | ne Number |
| | Regi Divis The 0 2415 | EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 | | | | MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL | tion porations |
| Please | make c | check for the following amo heck payable to: FLORIDA DE ling Fee | ep/ g F | ARTMENT C | \$78.7 | | 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.

| f name unavail | ible in Florida, enter alternate corporate name | adopted for the purpose of transacting | business in Florida | |
|--|---|--|---------------------|--|
| Massachusetts 3 | | ` | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 3/22/2000 (Date of incorporation) 3/30/2012 | | | | |
| | | (Date of duration, if other than perpetual) | | |
| | | in Florida, if prior to registration) | | |
| Iliah Chara | · | 1502, F.S., to determine penalty liability | , | |
| High Street, S | uite 2, Danvers, MA 01923 | 1502, F.S., to determine penalty hability | , | |
| High Street, S | uite 2, Danvers, MA 01923 (Principal of | | | |
| | uite 2, Danvers, MA 01923 (Principal of | fice <u>street</u> address) ing address, if different) | | |
| ume and <u>stre</u> Name: | (Principal of (Current mail) et address of Florida registered agent: (P. | fice <u>street</u> address) ing address, if different) | TAL MASSE | |
| ame and <u>stre</u> | (Principal of (Current mailet address of Florida registered agent: (P. | fice <u>street</u> address) ing address, if different) | CHORLIAKI GES | |

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.

Elizabeth Trunda - 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.

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

| A. DIRECTORS | | | | | | | | |
|--|--------------------------------|------------------|--------------------------------|--|--|--|--|--|
| Chairman | Name: | □ Chairman | Name: Frank Plenskofski | | | | | |
| □Vice Chairman | 98 High Street ,Ste 2 | □Vice Chairman | Address: 98 High Street, Ste 2 | | | | | |
| □Director | Danvers, MA 01923 | □Director | Danvers, MA 01923 | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □ Vice President | | | | | | |
| Secretary | ☐ Treusurer | Secretary | Treasurer | | | | | |
| Other | □()ther | □Other | Other | | | | | |
| □Chairman | Brian D'Amico | □ Chairman | Name: | | | | | |
| □Vice Chairman | 98 High Street, Ste 2 Address: | □Vice Chairman | Address: | | | | | |
| Director | Danvers, MA 01923 | □Director | | | | | | |
| □President | | □President | | | | | | |
| ☐Vice President | | □Vice President | | | | | | |
| Secretary | ☐ Treasurer | Secretary | ☐ Treasurer | | | | | |
| Other | Other | Other | Other | | | | | |
| □ Chairman | Name: | □ Chairman | Name: | | | | | |
| | Address: | □Vice Chairman | 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 filting 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 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. Frank Plenskofski, Treasurer | | | | | | | | |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

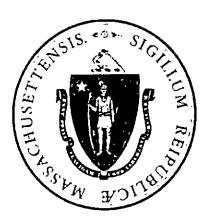
Date: September 11, 2024

To Whom It May Concern:

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

NEW FED MORTGAGE, CORP.

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

William Travino Galein

Certificate Number: 24090180130

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

Processed by: bod