TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Mortgage Amenities Corp.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	-
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence", and check are submitted to register the above reference transact business in Florida.	Business in Florida", ed foreign corporation to
Please return all correspondence concerning this matter to the following:	= o AL
James Taylor	98 A
(Name of Person)	ARE R
Mortgage Amenities Corp.	PR-6 AM
(Firm/Company)	
479 Swansea Mall Dr.	AM 9: 50
(Address)	ST O
Swansea, MA 02777	•
(City/State/Zip)	
Should you need to call someone concerning this matter, please call:	002480129 0 -04/06/9801098012
Should you need to can someone concerning ans matter, please can.	*****78.75 *****78.75
Robert Briden at (508) 235-1200 (Name of Person) (Area Code & Daytime Telepho	one Number)
	AL APR - 7 1998
COURIER ADDRESS: MAILING ADDRESS	:
Qualification/Tax Lien Section Division of Corporations Qualification/Tax Lien Section Division of Corporations	

409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314

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. Mortgage	Amenities Corp.		-	
(Name of corp	oration; must include the word "INC	CORPORAT	TED", "COMPA	NY", "CORPORATION" or
words or abbro	eviations of like import in language :	as will clear	ly indicate that i	t is a corporation instead of a
natural person	or partnership if not so contained in	the name a	t present.)	
•	-			
2. Rhode Is	land		3. <u>04</u> –03109	
(State or count	ry under the law of which it is incorp	porated)		(FEI number, if applicable)
4. <u>March 5,</u>		5	<u>Perpetual</u>	
(D	ate of incorporation)	(Di	uration: Year co	orp. will cease to exist or "perpetual")
		_		
6. Pending	license application appro	oval.	2210 607 1501 6	07 1500 1017 155 F.S.\
(Date fir	st transacted business in Florida.) (S	EE SECTION)NS 607.1501, 6	07.1502 and 817.155, F.S.)
5 470 C	and Mall Do			•
7. <u>479 Swan</u>	sea Mall Dr.			25 8
Crancon	MA 02777			
	MA 02777	mailing add	lrecc)	
	(Caren	mannig add	1033)	
				SSE
8. To be a	first mortgage lender.			me I
(Ригроз	e(s) of corporation authorized in hor	ne state or c	country to be car	ried out in state of Florida)
(<u>-</u>	- (-) F		,	ried out in state of Florida)
9. Name and st	reet address of Florida register	ed agent:	(P.O. Box or M	fail Drop Box NOT acceptate
	3	-	•	7
Name:	Arthur B. MacDonald			
I TOLLEY.				<u>2</u>
Office Address:	635 Wedge Dr.			.
Office Addices.	033 Neage DL:			
	Nonlog		, Florida,	24102
	Naples	·	, riolida,	
				(Zip code)
10 70 1 . 1				
10. Registered	agent's acceptance:			
				above stated corporation at the place designated
				ee to act in this capacity. I further agree to
			ınd complete pei	rformance of my duties, and I am familiar with
and accept the ol	oligations of my position as register	ed agent.	n n	αI
	//////////		1/2/-5	4/ (
	-//William	9/1/	(LC/\G/ ₀	Januarram.
	(Register	ed agent's s	ignature)	

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	FILED
Chairman: N/A	98 APR - 5 AM 9: 56
Address:	SECRETARY SECRETARY
	TALLAHASSEE, FLORIDA
Vice Chairman: N/A	
Address:	
Director: N/A	
Address:	
Director: N/A	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: David B. MacDonald	
Address: 32 Stowe Rd.	
Sandwich, MA 02563	
Vice President; Robert A. Briden	
Address: 170 Second St.	
East Providence, RI 02914	
Secretary: Robert A. Briden	
Address: 170 Second St.	
East Providence. RI 02914	
Treasurer: David B. MacDonald	
Address: 32 Stowe Rd.	·
Sandwich, MA 02563	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	of the application)
14. David B. MacDonald President (Typed or printed name and capacity of person signing and	alication)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State

98 APR -6 AM 9:56

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

MORTGAGE AMENITIES CORP.

a Rhode Island corporation, filed original articles of incorporation in this office on the fifth day of March A.D., 1998; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this thirteenth day of March A.D., 1998.

James R Langevin

Secretary of State

Duly Authorized Agent Secretary of State

Corporations Division

