

F 99000000116

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: FIRST RESIDENTIAL MORGAGE SERVICES CORPORATION  
(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", 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:

JOSEPH TORRES  
(Name of Person)

FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION  
(Firm/Company)

23 HOWE AVENUE  
(Address)

PASSAIC, NEW JERSEY 07055  
(City/State/Zip)

800002720598--0  
-12/23/98-01043-008  
\*\*\*\*87.50 \*\*\*\*87.50

Should you need to call someone concerning this matter, please call:

JOSEPH TORRES at ( 973 ) 777-8888  
(Name of Person) (Area Code & Daytime Telephone Number)

*WES-28841*

**STREET ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 28, 1998

JOSEPH TORRES  
FIRST RESIDENTIAL MORTGAGE SERVICES CORP.  
23 HOWE AVE  
PASSAIC, NJ 07055

SUBJECT: FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION  
Ref. Number: W98000028841

We have received your document for FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list a P.O. Box and write (N/A) beside the box number.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins  
Senior Corporate Section Administrator

Letter Number: 298A00060472

**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. FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY 3. 22-3026348  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 1, 1990 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 23 HOWE AVENUE, PASSAIC, NEW JERSEY 07055  
  
(Current mailing address)

8. MORTGAGE LENDER  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

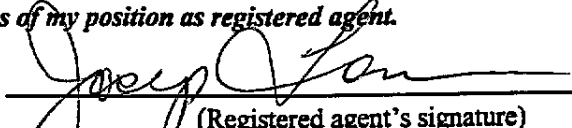
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: JOSEPH TORRES

Office Address: 662 MOURNING DOVE DRIVE  
SARASOTA, Florida, 34230  
(Zip code)

10. **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)

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.

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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)

Chairman: JOSEPH TORRES

Address: 23 HOWE AVE

PASSAIC, NJ 07055

Vice Chairman: MARLIO CHAUX

Address: SAME

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: JOSEPH TORRES

Address:

Vice President: MARLIO CHAUX

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOSEPH TORRES, PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

**FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION**

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on January 23, 1990.*

*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  
registered office are:*

*Joseph Torres  
23 Howe Avenue  
Passaic, NJ 07055*

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DIVISION OF CORPORATIONS

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

FIRST RESIDENTIAL MORTGAGE SERVICES CORPORATION

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
17th day of December, 1998



*James A. DiEleuterio, Jr.*

James A DiEleuterio, Jr.  
Treasurer