

M05000006138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 NOV - 1 P 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Strut address of Principal
office

Ra info + signature

DiGilio, Merendino & Whitehouse

Maximum Financial, LLC

"Professional Mortgage Solutions"

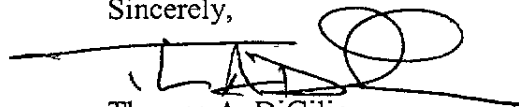
October 17, 2005

To Whom It May Concern:

Enclosed please find completed Florida LLC registration application and check for \$160.00 to cover filing fee, Certificate of Status & Certified copy.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Thomas A. DiGilio
Managing Partner

2005 NOV - 1 P 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maximum Financial, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Thomas A. DiGilio
(Name of Person)

Maximum Financial, LLC
(Firm/Company)

222 Middle Country Road, Suite 109
(Address)

Smithtown, N.Y. 11787
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas A. DiGilio at (631) 360-6352
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



222 Middle Country Road Suite 109
Smithtown, NY 11787
631-360-8352-ph
631-360-6354-fax
www.tdigilio@maxfinancialmortgage.com

Maximum Financial

Fax

To:	Diane Cushing	From:	Thomas A. DiGilio
Fax:	850-245-6913	Pages:	3 including cover
Phone:		Date:	11/01/05
Re:	LLC registration to transact business	cc:	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Diane,

Attached please find the missing items you requested for the application to transact business in Florida as a LLC. Please contact me with any questions. We appreciate your help in this matter.

Sincerely,

Thomas A. DiGilio



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 20, 2005

THOMAS A. DIGILIO
MAXIMUM FINANCIAL, LLC
222 MIDDLE COUNTRY ROAD, SUITE 109
SMITHTOWN, NY 11787

SUBJECT: MAXIMUM FINANCIAL, LLC
Ref. Number: W05000048127

We have received your document for MAXIMUM FINANCIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 005A00064027

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Maximum Financial, LLC
(Name of Foreign Limited Liability Company)

2. State of New York 3. 20-1879521
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/04 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 222 Middle Country Rd. suite 109
Smithtown, N.Y. 11787
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

222 Middle Country Rd. suite 109
Smithtown, N.Y. 11787

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Mortgage Broker
THAS

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas A. DiGilio
Typed or printed name of signee

2005 NOV - 1 P 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA.

1. The name of the Limited Liability Company is:

Maximus Financial, LLC

2. The name and the Florida street address of the registered agent and office are:

Adam Kord

(Name)

2400 Father Sound Drive Apt 1412

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Clearwater

FL

33762

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

[Signature]

(Signature)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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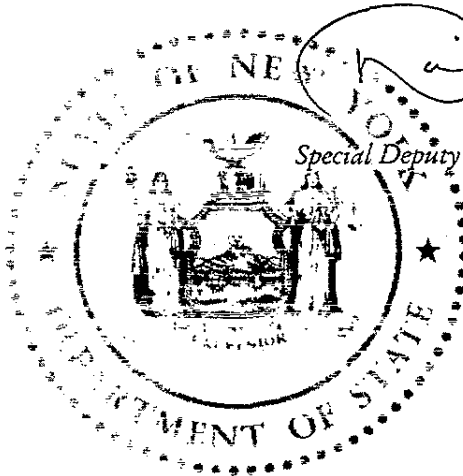
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 20.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of New York
Department of State } ss:

I hereby certify, that MAXIMUM FINANCIAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/08/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of October two
thousand and five.*

200510060476 44



Special Deputy Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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