# MO6000003433

SECRETARY OF TALL AHASSEE.  (Requestor's Name)	S'ATE FL MINA
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	i i
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
ALT	

Office Use Only



800076046738

06/12/06--01038--011 \*\*155.00

## **COVER LETTER**

INDED

AND JUN 12 P 12: 55

TALLAHASSEE STATE

Registration Section
Division of Corporations

TO:

SUBJECT: Mortgage Max, 1/c
(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:

Robert Gordon	
(Name of Person)	
Mortgage Max, 110 (Firm/Company)	
(Firm/Company)	
514 Main Street, (Address)	Suite 201
(Address)	
New Rockelle, NY (City/State and Zip Code)	10801
(City/State and Zip Code)	

For further information concerning this matter, please call:

Robert Mar Allister	at(212)682-4214 x204
(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 &	<b>\$</b> 155.00	Filing Fee &	□\$160.00 Filing Fee, Certificate
_	Certificate of Se	atus	Certified Conv.	of Status & Certified Con-

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

COMPLIANCE WITH	SECTION 608.503. FLORI	DA STATUTES THE FOLL	OWING IS SUBMITTED TO	O REGISTER A FOREIGH
TED LIABILITY COM	PANY TO TRANSACT BUSIL	VESS IN THE STATE OF FLA	ORIDA:	TALLAHASSEE, FLOT
M	L. Ma	. 1/-		TALLAHASSE OF ST
11071	(Name of Forei	x //C gn Limited Liability Comp	any)	- FLOR
	- 0			-07
urisdiction under the	aw of which foreign limit	ed liability 3/	- 42265 (FEI number, if applica	ble)
mpany is organized)				
11/19	12002	s Pe	r pe + u a   : Year limited liability comperpetual")	
(Date of	Organization)	(Duration	: Year limited liability com	pany will cease to
$\mathcal{N}$	4	usiness in Florida, if prior to 608.502 F.S. to determine p		
7	(Date first transacted bu (See sections 608.501 &	usiness in Florida, if prior to 608,502 F.S. to determine to	o registration.) nenalty liability)	
<i></i> 111	11 . (1	1 -1	201	
5/4	Main Stre	et, suite	201	
1)0,1	Rockella	114 109	201 301 ffice)	
1000	(Str	eet Address of Principal O	ffice)	<del> </del>
f limited liability	company is a manager	r-managed company, c	heck here	
The manner and	.11	- C4L		C. 11
		<del></del>	ers or managers are as	
Robert	Gordon -	- 514 Main	5+,5+,201	New Rochelle NY A
1000			21-) 211 - (6)	Treat develop of the
			uthenticated by the official h	
	w of which it is organized. ( under oath of the translator)		ble. If the certificate is in a fo	oreign language, a
		,	_	
Nature of busines	s or purposes to be co	nducted or promoted in	n Florida: Mor 7	laane
1 .	,	, promotes in		
broker	Mort	tage log	n origin	ation.
	1	/ J \		
		V JUW		_
			resentative of a membe	r.
		608.408(3), F.S., the execution nalties of perjury that the facts	n of this document constitutes stated herein are true.)	
	$\rho$	ert Gora	•	
		or printed name of sig		_
	-784-	r	,	

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE  $\frac{200b}{IUN} \frac{12}{12} \approx 55$ PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE  $FLOR_{IDA}$ 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:
Mortgage Max, 1/c
2. The name and the Florida street address of the registered agent and office are:
Robert Gordon (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Boynton Beach FL 33436 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.

\$ 100.00 Filing Fee for Application **Designation of Registered Agent** \$ 25.00 **Certified Copy (optional)** \$ 30.00 Certificate of Status (optional) 5.00

## STATE OF NEW JERSEY DEPARTMENT OF TREASURY FILING CERTIFICATION (CERTIFIED COPY)

## MORTGAGE MAX, L.L.C.

I, the Treasurer of the State of New Jersey, do hereby certify, that the above named business did file and record in this department the below listed document(s) and that the foregoing is a true copy of the certificate of formation as the same is taken from and compared with the original(s) filed in this office on the date set forth on each instrument and now remaining on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of June, 2006

Bradley Abelow

Bradley Abelow State Treasurer

## CERTIFICATE OF FORMATION

**OF** 

FILED

NOV 1 9 2002

STATE TREASURER

**MORTGAGE MAX, L.L.C.** 

11C

The undersigned, for the purposes of forming a Limited Liability Company pursuant to the provisions of Title 42, New Jersey Limited Liability Company Act, of the New Jersey Statutes, does hereby execute the following Certificate of Formation.

- 1. Name of Limited Liability Company: Mortgage Max, L.L.C.
- 2. Registered Agent Name and Address: The address of the Limited Liability Company's initial registered agent is 341 Broad Street, Clifton, N.J. 07013. The name of the Limited Liability Company's registered agent at such address is Wayne A. Watkinson.
  - 3. Duration: The Limited Liability Company shall have perpetual existence.
- 4. Other provisions: The initial Operating Agreement of this Limited Liability Company shall be adopted by the members, and the power to make, alter and repeal the Operating Agreement is reserved to the members.

The undersigned represents that this filing complies with the requirements detailed in N.J.S.A. 42:2B-1 et seq. The undersigned attests that he is authorized to sign this Certificate of Formation on behalf of the Limited Liability Company.

Dated: November 18, 2002

Wayne A. Watkinson, Esquire

Attorney for Mortgage Max, L.L.C.

.... 1178117 2261-748

J600155171