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2022 SEP 13 PM 1:43

S. ROBERTS

SEP 13 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHANNEL MORTGAGE, 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:

CONRAD GARDNER

Name of Person

CHANNEL MORTGAGE, LLC

Firm/Company

55-25 69TH STREET, 1ST FL

Address

MASPETH, NY 11378

City/State and Zip Code

cgardner@chanelmtg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA MONTALVO

718

639-9500

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CHANNEL MORTGAGE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 20-2051252
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON APPROVAL
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 55-25 69TH STREET, 1ST FL 6. 55-25 69TH STREET, 1ST FL
(Street Address of Principal Office) (Mailing Address)

MASPETH, NY 11378 MASPETH, NY 11378

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GURSHAM GARDNER

Office Address: 7765 LENOX COVE

LAKE WORTH 33467
(City) , Florida (Zip code)

Registered agent's acceptance:

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 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.

Gursham Gardner
(Registered agent's signature)

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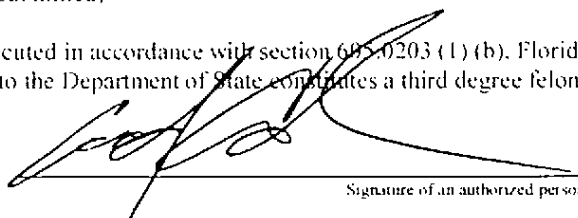
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: CONRAD GARDNER	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 18 ETNA LANE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	DIX HILLS, NY 11378	<input type="checkbox"/> Authorized	_____
Person	917-865-3402	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 685.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person
CONRAD GARDNER

Typed or printed name of signer

Banking Department



State of New York

Whereas,

Channel Mortgage LLC

a limited liability company, having its principal place of business at

**55-25 69th Street, 1st Floor
Maspeth, NY 11378 1806**

has made application to the Superintendent of Banks of the State of New York for a certificate to transact the business of a Registered Mortgage Broker pursuant to Article XII-D of the Banking Law at

**55-25 69th Street, 1st Floor
Maspeth, NY 11378 1806**

***** AUTHORIZED TO ACT AS FHA LOAN CORRESPONDENT *****

And Whereas, The said applicant has complied with the requirements of said Article XII-D of the Banking Law;

Now, Therefore, Be it known that the said applicant is hereby authorized to carry on the business of a Registered Mortgage Broker at the above location and under the above name(s), pursuant to Article XII-D of the Banking Law and subject to all rules and regulations lawfully made by the Superintendent of Banks of the State of New York relating to such business.

In Witness Whereof, I have hereunto set my hand and cause the official seal of the Banking Department to be affixed this 24th day of July, 2008.

Richard H. Neiman
Superintendent of Banks
By:

Rholda L. Ricketts
Deputy Superintendent of Banks

