

M22000017353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

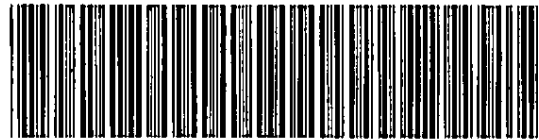
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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ID

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FILED

NOV 17 2022

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Hudson Nationwide Lending 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:

Kenneth Newman

\_\_\_\_\_  
Name of Person

Hudson Nationwide Lending LLC

\_\_\_\_\_  
Firm/Company

100-02 101st Avenue, Suite 100

\_\_\_\_\_  
Address

Ozone Park, New York 11416

\_\_\_\_\_  
City/State and Zip Code

admin@hnlmortgage.com

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

For further information concerning this matter, please call:

Kenneth Newman

718

641-1999 x702

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



## Return Shipment Instructions

1. Place the shipping label on the container's most visible side away from seams.
2. Ship your package one of three ways:
  - Use your regular scheduled pickup.
  - Drop off at FedEx. Find your closest location at [fedex.com/locate](http://fedex.com/locate) or by calling 1.800.GoFedEx 1.800.463.3339
  - Schedule a pickup. No account number required but label information may be needed. Go to [fedex.com/returnpickup](http://fedex.com/returnpickup) for FedEx Ground labels with "G" or "PRP" or call 1.800.GoFedEx 1.800.463.3339 and say:
    - o "Return Manager" or "PRP" for FedEx Ground labels with "G" or "PRP"
    - o "Express Return" for FedEx Express labels with "E" or "Billable Stamp"

### Prepare Your Package With Care.

- Use an appropriate container, cushioning materials and at least three strips of packing tape.
- If reusing packaging, remove or black out old shipping labels including their barcode(s).

### Special Instructions from the merchant:

To Whom It May Concern:

Please return the certificate of status with the enclosed pre-paid Fed-Ex label.

Thank you

ORIGIN ID: TLHA (850) 245-8000  
REG. SECTION-DIVISION OF CORP  
FLORIDA DEPT OF STATE  
THE CENTRE OF TALAHASSEE  
2415 N. MONROE ST., SUITE 810  
TALAHASSEE, FL 32303

SHIP DATE: 26OCT22  
ACTWGT: 1.00 LB  
CAD: 10765239INET14530

TO **KEN NEWMAN**

**HUDSON NATIONWIDE LENDING, LLC**  
**100-02 101ST AVENUE**  
**SUITE 100**

**OZONE PARK NY 11416**

(718) 641-1999 X 702 REF: FL FILING RECEIPT

RMA: PO: DEPT:



TRK#  
0221 7913 0744 8837

**RETURNS MON-FRI**  
**PRIORITY OVERNIGHT**

**11416**

**NY-US**



After printing this label  
CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH  
1. Fold the printed page along the horizontal line  
2. Place label in shipping pouch and affix it to your shipment

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

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. Hudson Nationwide Lending 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1396070  
(FEI number, if applicable)

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

5. 100-02 101st Avenue, Suite 100  
(Street Address of Principal Office)

6. 100-02 101st Avenue, Suite 100  
(Mailing Address)

Ozone Park, New York 11416

Ozone Park, New York 11416

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

Name: Registered Agents Inc

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

2022 OCT 27 PM 2:49  
LLC

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.

  
(Registered agent's signature)

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]:

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Attique Rehman

☒ Member                      Address: 100-02 101st Ave., Suite 100

☐ Authorized                      Ozone Park, NY 11416

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Rao Rehman

☒ Member                      Address: 100-02 101st Ave., Suite 100

☐ Authorized                      Ozone Park, NY 11416

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

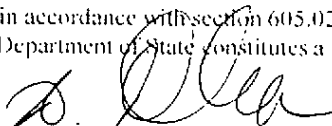
Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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 605.0203 (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

Attique Rehman

\_\_\_\_\_  
Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HUDSON NATIONWIDE LENDING LLC  
DOS ID Number: 4609811  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/22/2014  
  
Statement Status: CURRENT  
Statement Due Date: 07/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on October 20, 2022 at 08:07 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State