

P17000004424

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2017 JAN 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

NLJ Mortgage Corp.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN 17 AM 11:55

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: NLJ Mortgage Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

34 Atlantic Avenue, Room 201

34 Atlantic Avenue, Room 201

Lynbrook, NY 11563

Lynbrook, NY 11563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation
may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn Jerome - Director

Name and Title: _____

Address 34 Atlantic Avenue, Room 201

Address: _____

Lynbrook, NY 11563

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
ALLAHABAD, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Maisonave
Address: 16 Court St, 14th Fl
Brooklyn, NY 11241

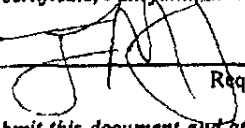
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Asst Secretary Jose Mojica 01/17/2017
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 01/17/2017
Required Signature/Incorporator Date