F04000006976

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Chy/State/Zip/Priorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300043089433

12/06/04--01027--024 **87.50

2004 DEC -6 PM 2: 50
2004 DEC -6 PM 2: 50
PARTION
PARTICIPATION
PARTICIP

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations								
SUBJECT: FAI Mortgage Corp								
(Name of corporation - must include suffix)								
Dear Sir or Madam:								
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence," and check are submitted to register the above referent transact business in Florida.	ct Business in Florida," need foreign corporation to							
Please return all correspondence concerning this matter to the following:	٠							
Sabin Fallivene								
(Name of Person)	100 PE							
FAI Mortgage Corp	ALL D							
(Firm/Company)	ALC: CO							
1019 Bloomfield Avenue Unit 2B	\$\$ -6 I							
(Address)	PH 2: 50 RPPORATIVEE, FLORI							
West Caldwell New Jersey 07006	FLCOR 2:							
(City/State and Zip code)	TIONS RIDA							
For further information concerning this matter, please call:								
Sabin Fallivene at (973) 808-7188								
(Name of Person) (Area Code & Daytime Teleph	ione Number)							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING A Registration S Division of C P.O. Box 632 Tallahassee, FL 32399	Section orporations 7							
Enclosed is a check for the following amount:								
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status								

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	. FAI Mortgage (Corp					
		orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
	Fallivene Agen						_
	(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busing	ness in Fl	orida)	
2.	·		_3.	22-34012	42		
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)) -		
4.	Sept 21 1995		5.	Peretual			
	(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpe	tual")	
6.	None						-
	•			n Florida, if prior to registration)	<u> </u>	2004	
		(SEE SECTIONS 607.1501 & 60	7.1:	502, F.S., to determine penalty liability)	<u></u>	弄	
7.	1019 Bloomfield	d Avenue, West Caldwell NJ 07006			2	DEC	
	=	(Principal office	add	ress)	S	9	
	1019 Bloomfield Avenue, West Caldwell NJ 07006				SEE	-0	
(Current mailing address)				卫学		_ .	
					``≘`≊	2 ئ	
Q	Mortgage Brok	er Business			€ E	50	
U,	·	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	7	;	•
	Ç	• · · · · · · · · · · · · · · · · · · ·					
9.	. Name and stree	et address of Florida registered agent: ((P.C). Box NOT acceptable)			
	Name:	Sabin J. Fallivene					
0	ffice Address:	1110 Green Pine Blvd Unit B-3					
		West Palm Beach		, Florida 33409 Glenn S Fall			
		(City)		(Zip code)			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

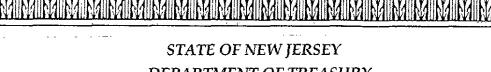
(Registered (gent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: 33409 Glenn S Fallivene	<u> </u>
Address: 43 White Oak Drive	· · · · · · · · · · · · · · · · · · ·
North Caldwell NJ 07006	- <u></u>
Vice Chairman: Matthew Fallivene	<u> </u>
Address: 73 Forest Way	
Morris Plains NJ 07950	
Director: Sabin J. Fallivene	
Address: 89 Brooklawn Drive	
Morris Plains NJ 07950	7000
Director:	LATA T
Address:	SSS
	TE PE
B. OFFICERS	.: 50 (ATIO ORID
President: Glenn S. Fallivene	→ → → → → → → → → → → → → → → → → → →
Address: 43 White Oak Drive	- <u> </u>
North Caldwell NJ 07006	<u> </u>
Vice President: Matthew Fallivene	
Address: 73 Forest Way	
Morris Plains NJ 07950	عضو سير ب
Secretary: Sabin J. Fallivene	
Address: 89 Brooklawn Drive, Morris Plains NJ 07950	.
Treasurer: Matthew Fallivene	·
Address: 73 Forest Way, Morris Plains NJ 07950	
NOTE: (freedstary, you may attach an addendum to the application listing additional of	ficers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	ion)
14 Glenn S. Fallivene President	

(Typed or printed name and capacity of person signing application)



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FAI MORTGAGE CORP. 0100640061

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 21, 1995.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2001 2002

I further certify that the registered agent and registered office are:

Sabin J Fallivene 420 Route 46 East Fairfield, NJ 07006 0000

Continued on next page . . .

