

Florida Department of State
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Key Capital Mortgage, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
2016 FEB 22 PM 3:09
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
16 FEB 22 AM 10:08

FEB 23 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Capital Mortgage, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ken Markizon

Name of Person

Key Capital Mortgage, Inc.

Firm/Company

22 W. State Street

Address

Media, PA 19063

City/State and Zip code

kmarkizon@keycapitalmortgage.com

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

For further information concerning this matter, please call:

Lori Goldman

at (610) 581-4952

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

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

1. Key Capital Mortgage, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Commonwealth of Pennsylvania 3. 47-515672
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/11/2015 5. Perpetual
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 22 W. State Street, Media, PA 19063
 (Principal office address)

_____ (Current mailing address, if different)

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

Name: C T Corporation System

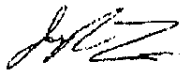
Office Address: 1200 South Pine Island Road
Plantation, FL 33324, Florida _____
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

9. 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.

C T Corporation System

By:  **Joseph Tamimi, Assistant Secretary**
 (Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Joseph G. Keefer
Address: 801 Lancaster Avenue
Bryn Mawr, PA 19010

Vice Chairman: Francis J. Leto
Address: 801 Lancaster Avenue
Bryn Mawr, PA 19010

Director: James J. Egan
Address: 801 Lancaster Avenue
Bryn Mawr, PA 19101

Director: Ken Markizon
Address: 22 W. State Street
Media, PA 19063

B. OFFICERS

President: Ken Markizon
Address: 22 W. State Street
Media, PA 19063

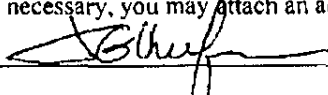
Vice President: George Teplica
Address: 801 Lancaster Avenue
Bryn Mawr, PA 19010

Secretary: Geoffrey L. Halberstadt
Address: 801 Lancaster Avenue, Bryn Mawr, PA 19010

Treasurer: Marie D. Connolly
Address: 801 Lancaster Avenue, Bryn Mawr, PA 19010

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PENNSYLVANIA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Joseph G. Keefer
(Typed or printed name and capacity of person signing application)

2/22/2016 2:41:52 PM From: To: 8506176383(5/5)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
12/29/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Key Capital Mortgage, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro C. Contis

Secretary of the Commonwealth

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HARRISBURG, PENNSYLVANIA

Certification Number: TSC151229161373-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>