Folo00004415

TRANSMITTAL LETTER

10: Registration Section Division of Corporations			
SUBJECT: COTTON STATE MOR	TGA6E	INC	
(Name of corporat	tion - must inc	clude suffix)	
Dear Sir or Madam:		801	DDD45341783 -08/14/0101062002 *****78.75 *****78.75
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorizati o register the	on to Transact above referenc	Business in Florida", ed foreign corporation
Please return all correspondence concerning this mat	ter to the follo	owing:	
(Name	of Person)		DIN NE
(Firm/C	Company)		FILED MID: 32 NOT SEE, FLORING
(Ad	ldress)	<u> </u>	O: 32 FLORIDA
(City/Stat	e and Zip cod	e)	<u> </u>
For further information concerning this matter, pleas	e call:		
at ()		
(Name of Person) (Are	a Code & Day	ytime Telephoi	ie Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 England in a check for the following amount:	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporation 6327 see, FL 32314	
Enclosed is a check for the following amount: \$\Boxed{1} \$70.00 \text{ Filing Fee & Certificate of Status}\$	□ \$78.75 Fi Certified		 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(Name of corpora words or abbrevia natural person or	ations of like import in language as will c partnership if not so contained in the nan	ORATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a ame at present.)	- ۱۹ <u></u>
2. <u>George</u> (State or country to	gia under the law of which it is incorporated)	3. <u>58-1795558</u> (FEI number, if applicable)	, ,
4. June (Date	1988 of incorporation)	5. <u>PERPETUAL</u> (Duration: Year corp. will cease to exist or "perpetual")	. 4
6. UPc	ted business in Florida. If corporation has (SEE SECTIONS 607	has not transacted business in Florida, insert "upon qualification.") 17.1501, 607.1502 and 817.155, F.S.)	=
	thlake Parkway, Ste ? (Principal offic	300, Tucker Central 30084	··· —
Same	(Current mailin	20 17	er Z
8. Morta (Purpose(s	age Broker Lender o) of corporation authorized in home state	tte or country to be carried out in state of Florida)	
9. Name and stro		agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Re	Road 25 32	
Ollido I Idai obo.	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	,
Having been namedesignated in this	s application, I hereby accept the ap comply with the provisions of all sta	ept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I tatutes relative to the proper and complete performance of my ations of my position as registered agent.	

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.

MARY R. ADAMS
ASSISTANT SECRETARY

12. Name	es and business addresses of officers and/or directors:	
A. DIREC		
Chairman:	A.J. Bucciero	T 1 FE
Address: _	2260 Northlake Parkway, Ste 300, Tucker Ga 30084	- ₹ , ·
		.
	man:	
Address: _	ED E T	- +
<u>·</u>	Se F M	-
Director: _		
Address: _	SET POR IO: 33	
_		-
Director: _		T. [777]
Address: _		
		Tiride d
B. OFFI		
President:	A.J. BUCCIERD 2260 North lake Parkway, Ste 300 Tucker GA 30084	
Address:	2260 North lake Parkway, Ste 300 Tucker GA 30084	-
		-
Vice Presi	ident:	
Address:		
		 .
Secretary:		- ,
_		-
		
		Ta ta
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. <u> </u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	= :- <u>+</u> ,.
1		
14	(Typed or printed name and capacity of person signing application)	

Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : J811258 DATE INC/AUTH/FILED: 06/10/1988
JURISDICTION : GEORGIA
PRINT DATE : 08/13/2001 FORM NUMBER

CT CORPORATION SYSTEM CINDY LAM 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

COTTON STATE MORTGAGE INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction Stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a systement of commencement of winding up or any other similar document that been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010813183009342

Secretary of State