Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000215357 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)222-9428

FOREIGN PROFIT QUALIFICATION

Homeowners Mortgage Enterprises, Inc.

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



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Economiers Mortgage Ent	erprises, Inc.
	orazion - must include suffix)
Dezr Sir or Madam:	
	n for Authorization to Transact Business in Fiorida", id to register the above referenced foreign corporation
Please return all correspondence concerning this n	natter to the following:
Dale Morris (Atlanta Team 1)	
(Nac	ne of Person)
CT Corporation System	f. 53
(Fin	n/Company)
1201 Peachtree Street NE	
	Address)
Atlanta, GA 30361	
(City/S	tate and Zip code)
For further information concerning this matter, pic	
Dale Morris at (40	4 , 888-6488
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following smount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy Certified Copy Certified Copy 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.

1.	, Homeowners Mortgage Enterprises, Inc.							
•	(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cleanural person or partnership if not so contained in the name	early	y indicate that it is a corporation instead of a	_				
2.	South Carolina	3.	57-0761331					
	(State or country under the law of which it is incorporated)	•	(FEI number, if applicable)	_				
4	11/2/83	5	perpetual					
٠,	(Date of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")					
6.	upon qualification							
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)								
7.	2530 Devine Street, Columbia, SC 293	205		! :				
	(Principal office			-				
	2530 Devine Street, Columbia, SC 293	205						
(Current mailing address)								
			, r	, ,				
8.	mortgage loans			<u>.</u>				
	(Purpose(s) of corporation authorized in home state of	r col	untry to be carried out in state of Florida)					
9.	Name and street address of Florida registered agen	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)	,				
	Name: CT Corporation System							
Of	fice Address: 1200 South Pine Island Road	1	_					
	Plantation		, Florida 33324					
	(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.

Date W. MORRIS

Registered agent's stemature)

CRESistered agent's stemature)

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. DIREC	TORS		2 &
Chairman: _	Doug P. Clark	/	
	2530 Devine Street		
<u></u>	Columbia, SC 29205		
Vice Chairm	an:		
<u>.</u>			
Director:			
Director:			
			(Fig
B. OFFICI	ERS		7
President:	Robert F. Dozier	e de la companya de La companya de la companya de l	-
	2530 Devine Street		3.
	Columbia, SC 29205	7.83	. *}
Vice Presiden	ıt:	<u></u>	
Secretary:	Bridget M. Clark		
- -	2530 Devine Street, Columbia, SC 29205		-
resurer:	Bridget M. Clark		
ddress:	2530 Devine Street, Columbia, SC 29205		
	eccasary, you may attach an actiond to the application listing additional officers and/or dire	ctors.	
3	(Signature of Chairman, Net Chairman, or sny officer listed in number 12 of the application		
4.	Robert F. Dozier, President	-us f	
-	(Typed or printed name and capacity of person signing application)		

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

HOMEOWNERS MORTGAGE ENTERPRISES, INC.,

a corporation duly organized under the laws of the State of South Carolina on November 2nd, 1983, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of December, 2002.

Jim Miles, Secretary of State