

F03000003196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

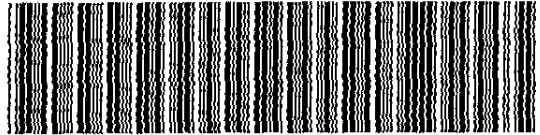
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

FLA

COMPLIANCE

Office Use Only



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02/10/03--01049--016 \*\*87.50

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03 JUN 26 AM 9:28  
SEAL STATE  
TALLAHASSEE, FLORIDA

W03-3954

MK

**FLORIDA COMPLIANCE SPECIALISTS, INC.**

DAVE TAYLOR, PRESIDENT

2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
www.floridacompliance.com

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. LoanPros Corporation  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in☒ Pick up time 6/27☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
03 JUN 26 PM 3:37  
STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 11, 2003

STEVE HARTMAN  
3010 HENNEPIN AVE S. SUITE 274  
MINNEAPOLIS, MN 55408

SUBJECT: LOANPROS CORPORATION  
Ref. Number: W03000003954

FILED  
JUN 26 AM 9:28  
TALLAHASSEE, FLORIDA

We have received your document for LOANPROS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 903A00009103

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOANPROS CORPORATION  
(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", 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:

STEVE HARTMANN  
(Name of Person)

LOANPROS CORPORATION  
(Firm Company)

3010 Hennepin Ave S. Suite 274  
(Address)

MINNEAPOLIS MN 55408  
(City State and Zip code)

For further information concerning this matter, please call:

STEVE HARTMANN at (612) 325-4441  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Games 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 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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03 JUN 26 AM 9:28  
STATE  
TALLAHASSEE, FLORIDA

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Steve Hartmann, do hereby certify  
(Name)

that this Resolution of the Board of Directors of

Loanpros Corporation  
(Corporate Name)

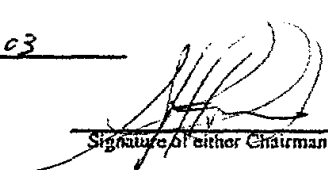
a corporation duly organized and existing under the laws of the State of Minnesota

was duly adopted on June 24, 2003

Be it resolved, that Loanpros Corporation,  
(Corporate Name)

organized and existing in the State of Minnesota, hereby adopts the name  
LOANPROSUSA, INC. for use in Florida.

Dated: 6-24-03

  
Signature of either Chairman, Vice Chairman or any officer

Steve Hartmann  
Type or print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

(NHS19(1/00))

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03 JUN 26 AM 9:28  
STATE  
TALLAHASSEE, FLORIDA

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. LOANPROS CORPORATION

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MINNESOTA

(State or country under the law of which it is incorporated)

3. 41-1889953

(FEI number, if applicable)

4. Nov. 1997

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist on the date)

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. 3010 HENNEPIN AVE. S. #274 MINNEAPOLIS MN 55408

(Principal office address)

3010 Hennepin Ave. S. #274 Minneapolis, MN 55408

(Current mailing address)

8. MORTGAGE BROKER

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: STEVE HARTMANN

Office Address: 2503 NORTH MYRTLE AVE

JACKSONVILLE

(City)

Florida 32209

(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 agent'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:

STEVE HARTMANN

Address:

3010 HENNEPIN AVE S SUITE 274  
MINNEAPOLIS MN 55408

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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03 JUN 26 AM 9 28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. OFFICERS

President:

STEVE HARTMANN

Address:

3010 HENNEPIN AVE S SUITE 274  
MINNEAPOLIS MN 55408

Vice President:

Address:

Secretary:

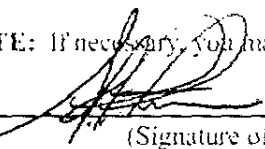
Address:

Treasurer:

Address:

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

13.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

STEVE HARTMANN CHAIRMAN

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

# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: LOANPROS CORPORATION

Date Formed: 11/03/1997

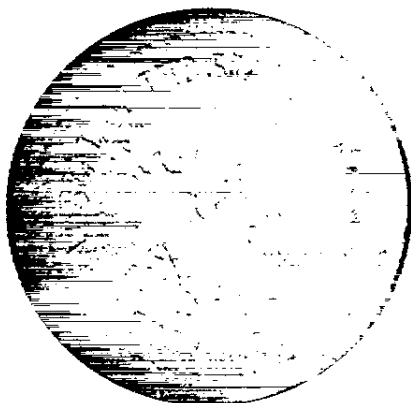
Chapter Governed By: 302A

This certificate has been issued on 12/19/02.

STATE OF MINNESOTA  
TALLAHASSEE, FLORIDA

03 JUN 26 AM 9:28

FILED



*Mary Kiffmeyer*  
Secretary of State.