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(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Genesis Lending Services, 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," 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:
Danna Rondoma
Danna Rondema (Name of Person)
Genesis Financial Solutions, Inc. (Firm/Company)
8405 SW Nimbus Avenue, SviTe A
Beaverton, OR 97008 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Donna Rondema at (503) 350-4335 (Name of Person) -or - (Area Code & Daytime Telephone Number) Brian Enne King at (503) 350-4321
Brian Enne King at (503) 350-4321
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 amount:
\$\frac{\pi}{87}\$ \$70.00 Filing Fee \subseteq \frac{1}{878.75}\$ Filing Fee \subseteq \subseteq \frac{1}{878.75}\$ Filing Fee \subseteq \subseteq \tex

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. Genesis Lending Services, 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)

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

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

(Date of incorporation)

(Date of incorporation)

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

7. SHOSS. W. Nimbus Avenue Ste A Beauciton, OR 97008
(Principal office address)

Same as Ebove
(Current mailing address)

8. Diversified Financial Services

(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 NOT acceptable)

10. Registered agent's acceptance:

Name:

Office Address:

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.

See attached fax
(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:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIZ REGISTER A FOREIGN CORPORATION TO TRANSA		
1. Genesis Lending Serv	LOS I	ine
Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	D," "COM	ANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate t	me adopted f	or the purpose of transacting business in Florida)
2. Oregon (State or country under the law of which it is incorporated)	3. Sebs	from the purpose of transacting dusiness in Florida, (Genesis, (FEI number, if applicable)
4. 3/16/15	is. <i>Oe</i>	(F5) number, if approable)
4. 3/16 (75 (Date of incorporation)	(Duratio	n: Year corp. will cease to exist or "perpetual")
6. N/A (Date first transacted busin	See in Worlds	Envior to readstration
(SEB SECTIONS 607.1501 & 6	7.1502, F.S.,	o determine penalty liability)
7. 8405 S.W. Nimbus Aven (Principal office	STe	A, Beauciton, OR 97008
Same a	{ }	e
(Current mailin	address)	
8. Diversified Finan	cial:	Services
(Purpose(s) of corporation authorized in home state	or country to	s carried out in state of Florida)
9. Name and street address of Plorida registered agent:	P.O. Box N	OT acceptable)
Name: Corporation Service		
Office Address: 1201 Hays STre	7	,
Office Address: 1201 Hays STra Tallahassee (City)	, P	orida 3 2 30 (Zip code)
10. Registered agent's acceptance:		
Having been named as registered agent and to accept designated in this application, I hereby accept the app further agree to comply with the provisions of all state and I am fundilar with and accept the obligations of n	piniment as é des relative to	egistered agent and agree to act in this capacity. I the proper and complete performance of my duties,
and I am jumitiat with unit uccept the vollgations of n	posmon its	Carla Lohi
Carlalolis		Asst. Vice President
(Registered agent's sign	aure)	
11. Attached is a certificate of existence duly authentic the Department of State, by the Secretary of State or of under the law of which it is incorporated. 12. Names and business addresses of officers and/or d	er official ha	than 90 days prior to delivery of this application to ying custody of corporate records in the jurisdiction
i ocation;	RX TIM	E 04/08 '05 11139

A. DIRECTOR	
Chairman:	Brian Enneking
Address:	8405 SW Nimbus Avenue, STE A
	Beaverton, OR 97008
Vice Chairman: _	
Address:	
	
Director:	John White
Address:	8405 SW Nimbus Avenue, STEA.
	Beaverton, OR 97008
Director:	Mark Butter Field
Address:	8405 50 Nimbus Avenue, STE A
,	<u>and the second of the second </u>
B. OFFICERS	
President:	Brian Enneking
Address:	
<u></u>	
Secretary:	mark Butterfield
Address:	
Treasurer:	John White
Address:	
NOTE: If neces	sary, you may attach an addendum to the application listing additional officers and/or directors.
13.	(Signature of Director or Officer listed in number 12 of the application)
14 Br	ian Ennakina Prosident
17	(Typed or printed name and capacity of person signing application)



GENESIS LENDING SERVICES, INC. (A subsidiary of GFS)_

8405 SW Nimbus Avenue, Suite A Beaverton, OR 97008

OFFICERS & DIRECTORS

NAME

Brian J. Enneking John W. White Mark A. Butterfield

HOME ADDRESS

19496 Olson Avenue, Lake Oswego, OR 97034-7465 3634 SE Malden Street, Portland, OR 97202-8442 7220 SW Cedar Lane, Portland, OR 97225-3132

Treas/Dir Sec/Dir Pres/Dir

POSITION

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

GENESIS LENDING SERVICES, INC.

was

incorporated
under the Oregon

Business Corporation Act

on

March 16, 2005

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By Jana S. Breneman

Jana S. Breneman

April 6, 2005