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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Ex Number : (850)558-1575

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## FOREIGN PROFIT QUALIFICATION

WINDY CITY MORTGAGE, INC.

Certificate of Status	0
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FAX:850 558 1515 FAX NO. 2175448605000210036 (B)

## 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. . WINDY CITY 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) RIGHTAL (State or country under the law of which it is incorporated) (PBI number, if applicable) PERPETUAL.
(Duration: Year corp. will cease to exist of (Date of incorporation) NOT APPLICABLE (Date first transacted business in Plorida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 7227 W. ROOSEVELT ROAD, FOREST PARK, ILLINOIS 60130 (Principal office address) 7227 W. ROOSEVELT ROAD, FOREST PARK, ILLINOIS 60130 (Current mailing address) TO OPERATE AS A CORRESPONDENT MORTGAGE LENDER IN THE STATE OF FLORIDA. (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) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassea , Florida 32301 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.

Corporation Service Company

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:

FAX:850 558 1515 PAGE 3/4 FAX NO. 217544465% 050002166343

A. DIRECTORS			
Chairman: WILLIAM PORAYRO  Address: 280 MAPLESWOOD ROAD	<u> </u>	<del></del>	
Address: RIVERSIDE, IL 60546			
11 11 11 11 11 11 11 11 11 11 11 11 11			
Vice Chairman: NONE			<del></del>
Address:			
Director: NONE	,		
Address:			
Director: NONE			
Address:	,		
B. OFFICERS	N SE	05	and San
President: WILLIAM PORAYKO		35	rmm
Address: 280 MAPLESWOOD ROAD	77.2	<del></del>	(
RIVERSIDE, IL 60546	<u></u>	-3-	
Vice President: WILLIAM FORAYKO	- <del> </del>	-73-	2 7.7
Address: ASO MAPLESWOOD ROAD	<u> </u>	<u></u>	
RIVERSIDE, II 60546			
Secretary: William PORAYKO			
Address: 280 MAPLEGWOOD ROAD, RIVERSIDE, IL 60546		;	
Treasuror: WILLIAM PORAYKO		<del></del>	
Address: 280 MAPLESWOOD ROAD, RIVERSIDE, IL 60546			······································
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or dire	ectors.	
13. (Signature of Director or Officer listed in number 12 of the application)	<u></u>		
14. WILLIAM PORAYKO, President			
(Direct or refused name and canacity of person signing application)			

## File Number

6209-242-4



## To all to whom these Presents Shall Come, Greeting:

1, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of SEPTEMBER A.D. 2005

Desse White

SECRETARY OF STATE