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División of Corporations

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Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

FLORIDA PROFIT/NON PROFIT CORPORATION

VISIONLOAN, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOL	REIGN CORPORATION TO TRANSACT	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	288
(Enter name of o	VESTONLOAN, TAK, orporation; must include "INCORFORATED, orp," "Inc.," "Co.," or "Corp,")	Cumpany," "Corporation,"	THE SE
4684			TI CA
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	9
2T_	CCTABES 3.	ZO-5240546 (FEI number, if applicable)	Sr.
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4 07	1-14-2006 3.	(Duration: Year corp. will cease to exist or "perpetual")	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.	NIA		
	(Date first transacted business in	Florida, if prior to registration)	•
	(SEB SECTIONS 607.1501 & 607.15	02, F.S., to determine ponalty liability)	
7. <u>672</u>	Y Commonwealth DR	TVE	
	(Principal office adds	ress)	
1.00	ES PARK, IL 61111		
	(Current mailing addi	TV£ ess)	
8	NATABE LENDING of corporation authorized in home state or co		
9. Name and street	t address of Floridz registered agent: (P.O	Box NOT acceptable)	
Name:	Corporation Service Company	<u> </u>	-
Office Address:	1201 Hays Street		_
	Tailahassec	32301	
	(City)	, Florida(Zip code)	
	•	, ,	
designated in this a further agree to co	d as registered agent and to accept servic application, I hereby accept the appointm	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. lative to the proper and complete performance of my duti ition as registered agent.	I
By	Carporation Service Company y: \tag{Registered agent's signature}	ast Vecutary	
II. Amschodie a cu	entificate of existence duly authenticated in	not more than 90 days prior to delivery of this application :	n
the Department of S		icial having custody of corporate records in the jurisdiction	
12. Names and bus	iness addresses of officers and/or directors	or Na	

#06000239421

A. DIRECTORS

Address: 6774 Common WEARTH OREVE LOWES PACK IL 61117 Wortz: 765 CAEEK BLUFF LAWE ROLK FORDITE 61119 Director: THOMAS FARANCE Address: 6774 Common WEARTH DATUE LOVES PACK, IL GINN Hane: 3598 LANDED WOOD DATUE ROCKFORD IL GINY Director: Address: CASS WOLFEN BEAGER Address: SEE Abore: 50
Vice Chairman: MT CHARL UNE ESS Address: 6774 Common WEARTH OREVE LOVES PACK IL 61117 Work: 765 CREEK BLUFF LANE RUKFORD IT C 61114 Director: THOMAS FARME Address: 6774 Common WEARTH DATUE LOVES PACK IL 61114 Director: 3574 LARDED WOOD DATUE ROCKFORD IL 61114 Director: Address: CASS WOLFENDERGER Address: SEE Above
Director: Thomas Farant Address: 6724 Common integeth Datus Louis Pag K, II GNN Home: 3598 Lausen wood Datus Rockford, IL GNN Director: ————————————————————————————————————
Home: 765 CAFEK BLUFF LAWE ROLKFORD IT C 61114 Director: THOMAS FARANCE Address: 6774 Common Wester IN NATURE LOUES PARK, IL GINN Home: 3594 LANDED WOOD DATUE ROCKFORD IL GINY Director: Address: B. OFFICIERS President: CASS WOLFENREAGER.
Director: Thomas Farant Address: 6724 Common integeth Datus Louis Pag K, II GNN Home: 3598 Lausen wood Datus Rockford, IL GNN Director: ————————————————————————————————————
Director: Address: B. OFFICIERS President: CASS WOLFENREAGER Address: SEE Alore
Home: 3591 Andrew Datue Rockford St. 6014 Director: Address: B. OFFICERS Prosident:CASS Wolfengeafer. Address:SER Alare.
Director: Address: B. OFFICIERS President: CASS WOLFENREAGER Address: SEE Alore
Address: B. OFFICERS President: CASS WOLFENREAGER Address: SEE Above To CO
B. OFFICERS Prosident: CASS WOLFENREAGER Address: SEE MOLE
Prosident: CASS WOLFENREAGER Address: SEE ASSES
Prosident: CASS WOLFENREAGER Address: SEE ASSES
Address: SEE Alexe
For Some Mariane Mariane
En Prisident Mossiles Charles
The state of the s
Address SEE About S
The B
Secretary MECHARIC (ARMEZES
ddress: State 17 196 12
Treasurer THOMAS FARONE
Address: SEE AROVE
VOTE: If necessary, you may aparalan addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
4. WICHAEL CLENEZES
(Typed or printed name and capacity of person signing application)

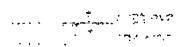
File Number

6498-461-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of

Printed by sutherity of the State of Illinois. April 2005 - 20M - C-260.2