

F96 000000256

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Virtual Mortgage Network, 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:

Sandra S. Sawyer W96-739
(Name of Person)

Virtual Mortgage Network, Inc.
(Firm/Company)

4590 MacArthur Blvd, Ste 175 900001682169
(Address) -01/09/96--01025--017
*****78.75 *****78.75

Newport Beach, CA 92660
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Sandra S. Sawyer at (714) 252-0788 x 927
(Name of Person) (Area Code & Daytime Telephone Number)

96 JAN 16 12:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 10, 1996

SANDRA S. SAWYER
VIRTUAL MORTGAGE NETWORK, INC.
4590 MACARTHUR BLVD., #175
NEWPORT BEACH, CA 92660

SUBJECT: VIRTUAL MORTGAGE NETWORK, INC.
Ref. Number: W96000000739

We have received your document for VIRTUAL MORTGAGE NETWORK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 396A00001204

**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. Virtual Mortgage Network, Inc.
(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. Nevada
(State or country under the law of which it is incorporated)
3. 88-0334342
(FEI number, if applicable)
4. 12/31/92
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 4590 MacArthur Blvd. Ste. 175
Newport Beach, CA 92660
(Current mailing address)
8. Correspondent Lender
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Mr. Robert Freedy

Office Address: 3230 So. Gate Circle

Sarasota, Florida, 33579-3423
(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.

FILED
96 JAN 16 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Michael A. Barron

Address: 4590 MacArthur Blvd. Ste 175; Newport Beach, CA 92660

Vice Chairman: N/A

Address: _____

Director: Dianne D. David

Address: 4590 MacArthur Blvd. Ste 175; Newport Beach, CA 92660

Director: Lee W. Shorey

Address: 4590 MacArthur Blvd. Ste 175

Newport Beach, CA 92660

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Dianne D. David

Address: 4590 MacArthur Blvd. Ste 175

Newport Beach, CA 92660

Vice President: _____

Address: _____

Secretary: Lee W. Shorey

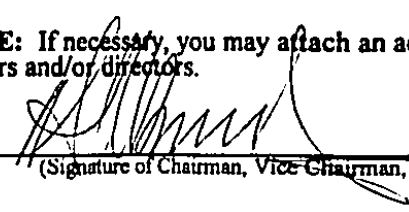
Address: 4590 MacArthur Blvd.

Newport Beach, CA 92660

Treasurer: Lee W. Shorey

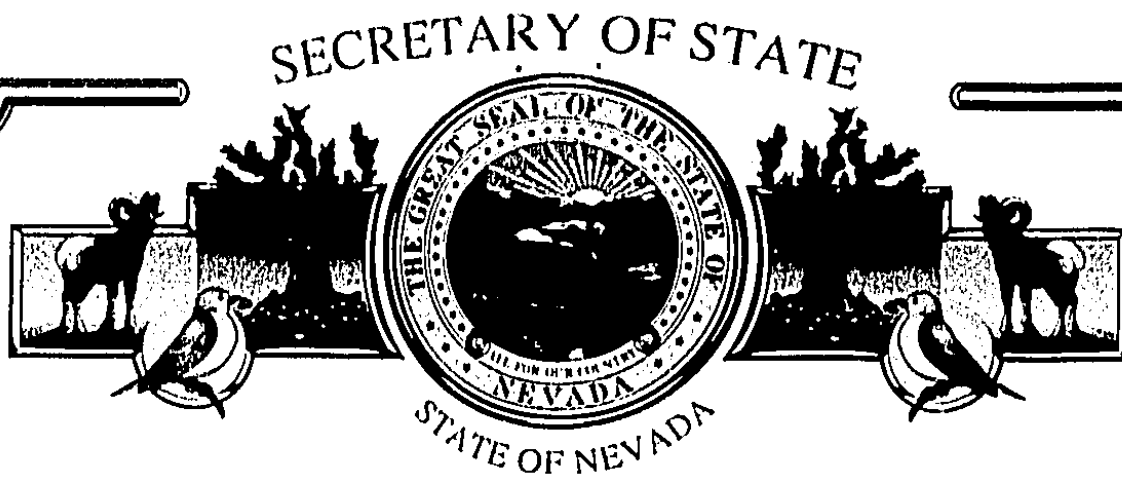
Address: 4590 MacArthur Blvd. Ste 175; Newport Beach, CA 92660

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. Michael A. Barron, Chairman of the Board & CEO
(Typed or printed name and capacity of person signing application)

RECEIVED
6 PM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CERTIFICATE OF CORPORATE EXISTENCE
(EXCLUDING AMENDMENTS)**

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **VIRTUAL MORTGAGE NETWORK, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 20th day of December, 1995.



Dean Heller

Secretary of State

By

Rick Jansen

Certification Clerk

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JAN 16 PM 2:22

FILED

CONTACT:

OFFICE USE ONLY (Document #)

F9600000256

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

520 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

600002060646--7
-01/16/97--01/07/97--01/7
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1 Virtual Mortgage Network Inc.
(Corporation Name) (Document #)

2 _____
(Corporation Name) (Document #)

3 _____
(Corporation Name) (Document #)

4 _____
(Corporation Name) (Document #)

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up Time _____

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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

**HOLD FOR
PICKUP BY
UCC SERVICES**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 16, 1997

UCC FILING & SEARCH SERVICES

TALLAHASSEE, FL

SUBJECT: VIRTUAL MORTGAGE NETWORK, INC.
Ref. Number: F96000000256

Resubmitted

We have received your document for VIRTUAL MORTGAGE NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 297A00002384

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Nevada submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Virtual Mortgage Network, Inc.

1b. The mailing address of the corporation is : 4590 MacArthur Blvd.
Suite 175, Newport Beach, CA 92660

1c. Date of incorporation: 01/16/96 Document number: F96000000256

2. The name and address of the current registered agent and office:

Robert Freedy

3230 South Gate Circle

Sarasota, FL 34239

3. The name and address of the new registered agent and office: (P.O. Box Not Accepted)

NationsCorp Registered Agents, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or
vice chairman of the board)

12-30-96
(Date)

Dianne D. David, EVP/COO, President of Lender Services

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Betty B. Young
(Signature of Registered Agent)

January 16, 1997
(Date)

If signing on behalf of an entity:

Betty B. Young
(Typed or Printed Name)

as agent for NationsCorp Registered
(Capacity) Agents, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
97 JAN 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA