# F96000003986

Qualification/Tax Lien Section

**Division of Corporations** 

TO:

SUBJECT: GUARANTEED FINANCIAC MORTCAGE 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:

| William | Doc | Gillaspy | Chicago | Ch

#### **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

## 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:

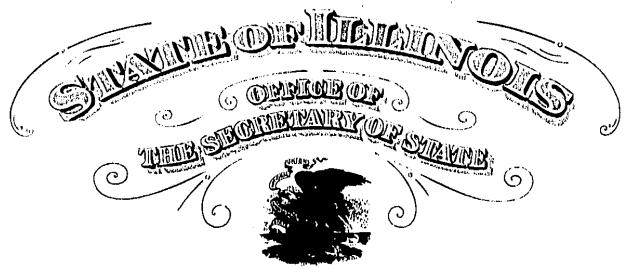
1. GUARANTEED TIMENCIAL MORTGAGE SERVICES, TIC.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. This was USA (State or country under the law of which it is incorporated) (PEI number, if applicable)
4. March 4, 1992  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
6. None To DATE (Date first transacted business in Florida. (Seusections 607.1501, 607.1502, AND 817.155, F.S.) 7. 19 WEST JACKSONSTREET- Suite 210
Chica 60, IC 60604  Current mailing address)  S S S S S S S S S S S S S S S S S S S
8. MORTGAGE BROKER / WORTGAGE RANKER  (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 NOTE acceptable)
Name: JOHS J. PIAZZA JR.
Office Address: 311 PARK DEACE BOULEUARD-Smite 170
CCEARWITTER , Florida , 34619 (Zip Cbde)
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. Name NOT	es and addresses of officers and/or directors: (Street address ONLY- P	, O, E	XOX
A. DIRE	CTORS (Street address only- P. O . Box NOT acceptable)		
Chairman	: Victor F. Ciardelli III	,	<del></del>
Address:	19 WEST JACKSONSTREET - Suite 210		
	ChicAGO, FC 60604		
Vice Chai	rman:		
Address:			
			<del></del> -
Director:			
Address:		·	<del></del>
			<del></del>
Director:			
Address:			
			<del></del>
	CERS (Street address only- P. O. Box NOT acceptable)		
	Victor F. Chroelli II		<del></del>
Address:	19 West Trokson Street - Suite 210 Chicago IC 60604		
, 17: 19:	•		<del></del>
	dent:	98	- ¥G
Audiess: ,			- <u>28</u>
Secretary:		3	
•		Ph	288G
. 14414		2:2	BIAT AT
- :Treasurer		6	- <del></del>
Address:			
	·		
NOTE: If	f necessary, you may attach an addendum to the application listing add	litiona	al
. 1	001		
13. <u> </u>	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication	<u>)</u>
14. <u>Vic</u> T	OR F. CIARDELLI TO PRESIDENT CEO (Typed or printed name and capacity of person signing application)	<del></del> -	

File Number 5674-329-4



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

I, George H. Ryan. Secretary of State of the State of Illinois,



In Testimony Where y hand and cause to be affia	
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ay of MAY	A.D., 19 96
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George H	, R. =