

TRANSMITTAL LETTER

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To: Qualification/Tax Lien Section
Division of Corporations

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-02/13/98--01058--012
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SUBJECT: MORTGAGE AVENUE CORP.
(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:

DAVID C. GAFFNEY
(Name of Person)
MORTGAGE AVENUE CORP.
(Firm/Company)
3239 SUNSET BLVD.
(Address)
WEST COLUMBIA, S. C. 29169
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
98 FEB 16 AM 9:48
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Should you need to call someone concerning this matter, please call:

DAVID C. GAFFNEY at (800) 277-0448
(Name of Person) (Area Code & Daytime Telephone Number)

Handwritten initials and date: JH 2/16

COURIER ADDRESS:

Qualification/Tax Lien Section
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

To: Freta Lott

From: David Gaffney

Fax: 850.487.6013

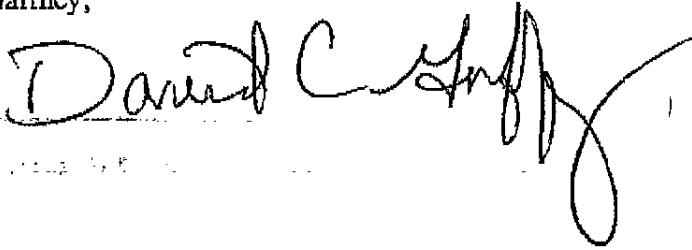
Re: Mortgage Avenue Corp.
Application for Certificate of Authority

Date: 2/13/98

Freta:

You are hereby authorized to enter "upon qualification" in the space provided for question 6 of the application for certificate of authority for Mortgage Avenue Corp.

David Gaffney,
Esquire

A handwritten signature in cursive script, appearing to read "David C. Gaffney". The signature is written in black ink and is positioned below the typed name and title.

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. MORTGAGE AVENUE CORP. (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. SOUTH CAROLINA (State or country under the law of which it is incorporated) 3. 58-2358352 (FEI number, if applicable)

4. 8-26-97 (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. 3239 SUNSET BLVD. WEST COLUMBIA, SOUTH CAROLINA 29169 (Current mailing address)

8. MORTGAGE LENDING (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 or Mail Drop Box NOT acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD.

PLANTATION, Florida, 33324 (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.

JENNIFER F AULTMAN ASSISTANT SECRETARY (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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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

Chairman: RONALD J. SHEPPARD

Address: 3239 SUNSET BLVD.

WEST COLUMBIA, S. C. 29169

Vice Chairman: _____

Address: _____

Director: RONALD J. SHEPPARD

Address: 3239 SUNSET BLVD.

WEST COLUMBIA, S. C. 29169

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

President: RONALD J. SHEPPARD

Address: 3239 SUNSET BLVD.

WEST COLUMBIA, S. C. 29169

Vice President: _____

Address: _____

Secretary: RONALD J. SHEPPARD

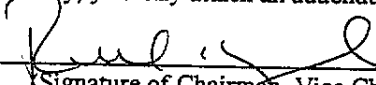
Address: 3239 SUNSET BLVD.

WEST COLUMBIA, S. C. 29169

Treasurer: SAME AS ABOVE

Address: _____

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. RONALD J. SHEPPARD, PRESIDENT/DIRECTOR
(Typed or printed name and capacity of person signing application)

The State of South Carolina



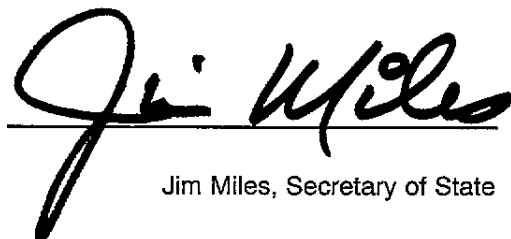
Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MORTGAGE AVENUE, CORP.,

a corporation duly organized under the laws of the State of South Carolina on **August 26th, 1997**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State at Columbia this 11th day of February, 1998.


Jim Miles, Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
98 FEB 16 AM 9:11