MERIDIAN STREET, LOWER LEVEL 30201

222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	CINDY HICKS		
DATE:	614/99	4000029047145 -06/15/9901006015	
REF. #:	0173.7199	******70.00 ******70.00	
CORP. NAME:	The Lending Group.	Inc.	
		Q	
() ARTICLES OF INCORPORA' () ANNUAL REPORT	FION () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME 5	
CERT. OF AUTHORITY	() LIMITED PARTNERSHIP	() LIMITED LIABILITY FOR A STATE OF STA	
() REINSTATEMENT	() MERGER	() WITHDRAWAL 22 97	
() CERTIFICATE OF CANCELI	ATION () UCC-1	()UCC-3	
() OTHER:			
<u></u>			
STATE FEES PREPAID W	TH CHECK# <u>14453</u> FOR s_	<u>M.co</u> .	
AUTHORIZATION FOR A	CCOUNT IF TO BE DEBITED:	AND SERVICE OF THE PROPERTY OF	
	COST LIMIT: \$		
PLEASE RETURN:	· - ·		
() CERTIFIED COPY	() CERTIFICATE OF STA	rus Plain Stamped Copy	
Examiner's Initials	<u> </u>	AL UUN 1 5 1999	

RESOLUTION OF BOARD OF DIRECTORS

i, the undersigned James P. McCarthy	, do hereby certify
that this Resolution of the Board of Directors of	, Inc.
a corporation duly organized and existing under the laws of the State of	,
was duly adopted on _{June 10th} , 19 <u>99</u> .	•
Resolved, that The Lending Group, Inc., , o	rganized
and existing in the State of, hereby a	adopts the
name	use in Florida.
Dated: 6/10/99	
anus V-Mc (a	Ale
Signature of at least one	director

SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations			-
SUBJECT: The Lending Group, Inc. (Name of corporation - must include suffix)	-		7/
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:			_
(Name of Person)			
(Firm/Company)	MUL 66	NOISIAIG TROUBS	
(Address)	25	FILED TARY OF S CF CORPOR	
(City/State/Zip)	AM II: 24	TATE	
Should you need to call someone concerning this matter, please call:			
(Name of Person) at () (Area Code & Daytime Telephone Numl	ber)	٠	æ.

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. THE LENDING GROUP, INC.	
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPOR words or abbreviations of like import in language as will clearly indicate that it is a corporation natural person or partnership if not so contained in the name at present.)	ATION" or i instead of a
2. <u>Illinois</u> 3. <u>36-4270979</u> (State or country under the law of which it is incorporated) (FEI number, if	applicable)
4. December 31, 1998 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will ceas "perpetual")	e to exist or
 Upon Approva1 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155 2300 N. Barrington Rd., Suite 300, Hoffman Estates, IL 6019 	•
(Current mailing address) 8. Conduct mortgage lending business to residential homeowners (Purpose(s) of corporation authorized in home state or country to be carried out in the state of 9. Name and street address of Florida registered agent: (P.O. Box or Mail Dropacceptable)	Florida)
Name: NRAI Services, Inc.	nıyıs 99,
Office Address: 526 E. Park Avenue	SECRETARY OF STAND OF CHRPON
Tallahassee , Florida , 32301	
10. Registered agent's acceptance: (Zip	Code) P ST ST
Having been named as registered agent and to accept service of process for the corporation at the place designated in this application, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relative to the proper and complete performance of my duties, and I have and accept the obligations of my position as registered agent. (Registered agent's signature)	appointment as &
(Proteing about a sibilatoria)	

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.

THE LENDING GROUP, INC.

Principal Officers

James P. McCarthy, CEO/President

Residence Address: 607 West Campbell Ct.

Arlington Heights, IL 60005

Business Address: 2300 North Barrington Rd., Suite 300

Hoffman Estates, IL 60195

Occupation: CEO & President of THE LENDING GROUP, INC.

Ductor

Christopher L. Bayes, COO/President

Residence Address: 106 Amber Court

Mullica Hill, NJ 08062

Business Address: 2300 North Barrington Rd., Suite 300

Hoffman Estates, IL 60195

Occupation: COO & President of THE LENDING GROUP, INC.

Director

Nathan N. Burns, CFO/Vice President

Residence Address: 319 Garrison Circle

Barrington, IL 60010

Business Address: 2300 North Barrington Rd., Suite 300

Hoffman Estates, IL 60195

Occupation: CFO & Vice President of THE LENDING GROUP, INC.

DIRECTOR

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: See Attachment Address: Vice Chairman: Address: __ - -- ---Director: Address: _____ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: See Attachment Address: Vice President: Address: _ Secretary: Address: _____ Treasurer: ___ 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. <u>James P. McCarthy</u>, <u>President/CEO</u>

(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, 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 _____ day of ______ JUNE A.D. ____1999