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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

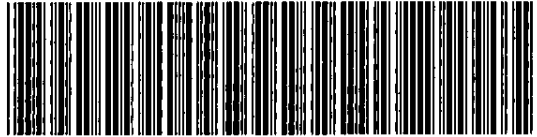
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Birch NOV 10 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Watkins Ludlam Winter & Stennis, P.A.

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," or "Certificate of Good Standing" 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:

Linda S. Dale

Name of Person

Watkins Ludlam Winter & Stennis, P.A.

Firm/Company

Post Office Box 427 (Street Address: 190 East Capitol Street, Ste. 800, Jackson, MS 39201)

Address

Jackson, MS 39205-0427

City/State and Zip code

roberta_davidson@hancockbank.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Dale

at (601) 949-4967

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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. HARRISON LOAN COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSISSIPPI

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. OCTOBER 12, 2010

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2510 14th Street, Gulfport, MS 39502

(Principal office address)

Post Office Box 4019, Gulfport, MS 39502

(Current mailing address)

8. Engaging in any lawful business authorized under the laws of the State of Mississippi.

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.

C T Corporation System

By:

Bernadette McNamara

Bernadette McNamara

(Registered agent's signature) Assistant Secretary

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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of all Officers and Directors with business addresses.

Address: _____

Vice Chairman: _____

Address: _____

Director: Carl J. Chaney

Address: Post Office Box 4019

Gulfport, MS 39502

Director: James McCroan

Address: Post Office Box 4019

Gulfport, MS 39502

B. OFFICERS

President: James McCroan

Address: Post Office Box 4019

Gulfport, MS 39502

Vice President: VICE PRESIDENTS - Carl J. Chaney, Kenny Moore, Jeanne Mayo, Bill Parker, Mike Spriggs, John M. Hairston

Address: Post Office Box 4019

Gulfport, MS 39502

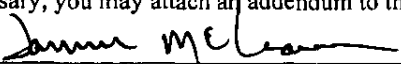
Secretary: Deidra Hirsch

Address: Post Office Box 4019, Gulfport, MS 39502

Treasurer: Deidra Hirsch

Address: Post Office Box 4019, Gulfport, MS 39502

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. James McCroan, President and Director

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

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SECRETARY OF STATE
ALLAHUSSEIN, FLORIDA

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HARRISON LOAN COMPANY – Application by Foreign Corporation for Authorization to Transact Business in Florida

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

NAME OF DIRECTOR	BUSINESS ADDRESS
Carl J. Chaney	Post Office Box 4019, Gulfport, MS 39502
John M. Hairston	Post Office Box 4019, Gulfport, MS 39502
Richard T. Hill	Post Office Box 4019, Gulfport, MS 39502
James McCroan	Post Office Box 4019, Gulfport, MS 39502

B. OFFICERS

NAME & TITLE OF OFFICER	BUSINESS ADDRESS
James McCroan, President	Post Office Box 4019, Gulfport, MS 39502
Carl J. Chaney, Vice President	Post Office Box 4019, Gulfport, MS 39502
John M. Hairston, Vice President	Post Office Box 4019, Gulfport, MS 39502
Jeanne Mayo, Vice President	Post Office Box 4019, Gulfport, MS 39502
Kenny Moore, Vice President	Post Office Box 4019, Gulfport, MS 39502
Bill Parker, Vice President	Post Office Box 4019, Gulfport, MS 39502
Mike Spriggs, Vice President	Post Office Box 4019, Gulfport, MS 39502
Deidra Hirsch, Sec./ Treas.	Post Office Box 4019, Gulfport, MS 39502

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State of Mississippi

Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 12, 2010, the State of Mississippi issued a Charter/Certificate of Authority to:

HARRISON LOAN COMPANY

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
October 14, 2010

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

SECRETARY OF STATE
JAIL ARIASSEE, FLORENCE

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