# F0000003918

To:

Dear Sir or Madam:

Qualification/Tax Lien Section Division of Corporations

### TRANSMITTAL LETTER

Africhar Montgage CENDERS, INC.

The enclosed "Applicati "Certificate of Existence to transact business in F.		on for Authorization to Trans ted to register the above refer	act Business in Flor enced foreign corpo	ida", ration	
Please return all correspond	ondence concerning this	matter to the following:	·		7 ·
	SOCA RATOR	matter to the following:  HECON  The Company  Montanze Lend  m/Company)  Address)  Ly/State/Zip)	lexs, INC PARKED 3	0/0	 u v
Should you need to call so  Michaell. Mane of Person		matter, please call:  [6] 394-507  Trea Code & Daytime Telepho	000033 -07/11/0 *****78 7 One Number)	001012	<b>○</b> 009 **78.7
STREET ADDRESS:		MAILING ADDRESS	::	SEC!	00
Name Availability  Document Examiner  Qualification/Tax Lien Sectors  Augustion of Corporations 409 E. Gaines St.  Tallahassee, FL 32399  Enclosed is a check for the		Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	18	E9 :	FILED
Undater	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fe Certificate of S Certified Copy		<u> </u>
Acknowledgement	-		отпания сору		

# 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. JCHOR MORTGAGE (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.) (State or country under the law of which it is incorporated)

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

(FEI number, if applicable)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7301A WEST PALMEHO PARK ROAD 301C MORTGAGE BROKELAGE SUSNESS
(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: MICHAEC P. PHOCAN

Office Address: 22449 MARKELLA AVENUE

BUCA RAKON FUBSUS, Florida, 33433

(Tincode) 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)

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

which it is incorporated.

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

	ORS (Street address only - P.O. Box NOT acceptable)	
	Michael P. PHOLIM	
Address:	7301A WEST PALMEHO PARK Rd 301C	
	BOCA RATON FC 33433	
Vice Chairm	an:	<u></u>
Director:		
Address:		
Director:		_
	L	
		<u> </u>
	ERS (Street address only - P.O. Box NOT acceptable)	
President:	Michael P. PHOCM	
Address:	7301 A WEST PAlmetto PARK Rd 30/C ==	الد_
	BUCA RATON FL 33433	
Vice Presider	nt:	<u></u>
	DRID DRID	
	<u> </u>	
Secretary:		—
		_
Addicas.		_
_		*
Treasurer:		<del></del>
Address:		
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	Muliul P Phil	_
14.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  MICHAEL P. HELINON	
14.	(Typed or printed name and capacity of person signing application)	

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001780184
CONTROL NUMBER : J309631
DATE INC/AUTH/FILED: 06/21/1983
JURISDICTION : GEORGIA
PRINT DATE : 06/26/2000

FORM NUMBER : 211

AAANCHOR MORTGAGE LENDERS MICHAEL PHELAN 7301 A WEST PALMETTO PARK RD 301C BOCA RATON, FL 33433

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

AAANCHOR MORTGAGE LENDERS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Applicated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State