FOCOCOCOTO STRANSMITTAL LETTER

Division of Co			
SUBJECT:	Fidelity & Trust Mort	gage, Inc.	
	(Name of corporat	ion - must include suffix)	
Dear Sir or Madam:			
	ce", and check are submitted to	or Authorization to Transact Bus o register the above referenced for	
Please return all corres	pondence concerning this matt	er to the following:	1034980431
LaVonne O. Torre	nce		12/12/0001122002 ******87.50 ******87.50
Greenstein DeLor	me & Luchs, P.C.	of Person)	
	•	'ompany)	
1620 L Street, N		_	
Washington, D.C.	•	dress)	
	(City/State	e and Zip code)	
For further information	n concerning this matter, please	e call:	
LaVonne O. Torre	ence <u>22</u> 2at (202) 452-1400	
(Name of Pers STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines St. Tallahassee, FL 32399	ns	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED 00 DEC 12 FH 1: 09 mber Miksse, fileder
☐ \$70.00 Filing Fee	_	Certified Copy	887.50 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. Fidelity 8	Trust Mortgage, Inc.			
words or abbre		clearly:	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a resent.)	
2. Maryland		3	Applied For	
(State or count	ry under the law of which it is incorporate	d)	(FEI number, if applicable)	
4. November 1	14, 2000	_ 5	Perpetual	
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Quali	fication			
(Date first trans			ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	
7. 6000 Execu	tive Boulevard, Suite 900, F			
	(Principal offic	ce addre	ess)	
Same as Pr	rincipal Office Address			
	(Current mailir			
			st and second trust financing	
·	onstruction or existing resid			
(Purpose	(s) of corporation authorized in home state	e or cou	entry to be carried out in state of Florida)	
9. Name and <u>st</u>	reet address of Florida registered ag	gent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	CT Corporation System		<u>_</u> 5_1 8	
Office Address:	1200 South Pine Island Road	1		
	Plantation			
	(City)		(Zip code)	
10 Registered	agent's acceptance:			
		t servic	re of process for the above stated corporation at the place	
			ent 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. \downarrow				
	1 hu	lin	Hillary A. England	
(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.

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

A. DIRECTORS

* * * **

Chairman:	Robert N. Tyson
Address: _	6000 Executive Boulevard, Suite 202, Rockville, Maryland 20852
Vice Chair	nan:
Address: _	
Director: _	Robert R. Fiallo
Address: _	6000 Executive Boulevard, Suite 202, Rockville, Maryland 20852
Director: _	David L. Rascoe
Address: _	6000 Executive Boulevard, Suite 202, Rockville, Maryland 20852
	Robert R. Fiallo
Address: _	Same as above
Vice Presid	David L. Rascoe
Address: _	Same as above
- Secretary:	David L. Rascoe
Address: _	Same as above
Treasurer:	David L. Rascoe
Address: _	Same as above
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(C) SCU : White and the state of the application (C) is a sculpture of
Daha	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) rt R. Fiallo, President
14.	(Typed or printed name and capacity of person signing application)
	(1) how or hymna mine anhanish or harnon arbanish

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FIDELITY & TRUST MORTGAGE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 14, 2000.

Paul B. Anderson Charter Division

Faul B. Under

