Facsimile: (904) 296-7453

December 6, 2000

Via Overnight Mail

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Application By Foreign Corporation

Dear Sir or Madam:

I have enclosed the following documents in relation to the application of E Loan Saver Inc., a Delaware corporation, to transact business in the State of Florida:

1. A completed transmittal letter;

2. A completed Application By Foreign Corporation;

3. An original Certificate of Existence from the State of Delaware Division of Corporations; and

4. A check in the amount of \$78.75 (\$70 for registration and \$8.75 for a Certificate of Status).

Thank you for your time and attention to this matter. Please review and process the above documents. If you have any questions, please feel free to contact me at the number set forth below.

Sincerely

Patrick Lennon

plennon@nbibx.com

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## TRANSMITTAL LETTER

Division of Corpo			
SUBJECT: <u>E Loan Sav</u> (Name of cor	er, Inc. poration - must include suff	ĭx)	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence", transact business in Florida	and check are submitted to	for Authorization to Transact register the above referenced i	Business in Florida", to foreign corporation
Please return all correspond	dence concerning this matte	r to the following:	
J. Patrick L.	ennon		
	(Name of	Person)	4
Southpoi	nt Financial, Inc.		
	(Firm/Con	npany)	
6639 Southpoint Parkway,	Suite 104,		
	(Addre	ss)	· · · · · · · · · · · · · · · · · · ·
Jacksonville, FL	32216		·-· · · · · · · · · · · · · · · · · · ·
	(City/State and	Zip code)	<del>- ZEC</del>
For ftuther information con-	cerning this matter, please c	all:	FILED DEC 15 PM MINSSEE, P
J. Patrick Lennon	at (9-	04) 296-7444	FIST 2:
(Narne of Person)		ea Code & Daytime Telephone	PM 2: 49 OF STATE EF, FLONDA Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MIAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses FL 32314	÷,
Enclosed is a check for the f	ollowing 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 COMPLLINCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. E Loan Saver, Inc.	_			
(Name of corporation; must include the word "INCORPO	ORATED", "COMPANY", "CORPORATION" or	1 -		
words of appreviations of like import in language as will of	clearly indicate that it is a corporation instead of a			
natural person or partnership if not so contained in the name a	at present.)			
2. <u>Delaware</u>	3. <u>N/A</u>			
(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
4. <u>September 25, 2000</u>	5. Perpetual			
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
6. <u>Upon qualification</u>				
(Date first transacted business in Florida- If corporation has no	ot transacted business in Florida, insert "upon qualification")			
(SEE SECTIONS 607.15	501, 607.1502 and 817.155, F.S.)			
7. 6639 Southpoint Parkway, Suite 104, Jacksonville, FI	L 32216			
	l office address)			
See above				
(Current mailing	address)	. 1		
8. Any lawful act or activity in which a corporation ma	ay be engaged under applicable law			
(Purpose(s) of corporation authorized in home state or c	country to be carried out in state of Florida)			
9. Name and street address of Florida registered agent: (P.O	N Part and Maline De Marie			
or a solida regisered agent. (F.O	D. Box of Mail Drop Box NOT acceptable)			
Name: Robert G. Hall	- SSE - E			
Office Address: 6639 Southpoint Parkway, Suite 104	Ho P			
	FSI R	<b>}</b> .		
Jacksonville, , Florida	32216 PH +			
(City)	Zip code)			
10. Registered agent's acceptance:				
Having been named as registered agent and to accept service	te of process for the above stated corporation at the place design	7		
Tribution, a new coy accept the appointment by rooter	TOYON NOONE AND NOTED to not be this T.C. I			
comply with the provisions of all statutes relative to the prop and accept the obligations of my position as registered agent	10 P ANA COMMISTO PROPERTY OF A ST. 1 1 1	ith		
assept the songations of my position as registered agent	t.			
^				
MATINA.				
(Registered agent's	signatura)	<b></b> 13		

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.

)	es and business addresses of officers and/or direc	tors:				
A. DIRE	CTORS					
Chairman	: Dennis K. Stemmle	<u> </u>				
Address:	6639 Southpoint Parkway, Suite 104	•				
	Jacksonville, FL 32216					
Director:	Brian G. Barnes				<u> </u>	
	6639 Southpoint Parkway, Suite 104				= = '	
-	Jacksonville, FL 32216					•
Director:			, 1		- 1.1	. I.
	<u>=</u>					
_						. –
Director:						
Address: _						
					·	
B. ÖFFICI						=
President:	Dennis K. Stemmle					
	See above			00 -		
<del></del>					<u> </u>	
Vice Preside	ent: Brian G. Barnes			SE O		
	See above				<b>D</b>	
_				TE 459		
Secretary: _	Robert G. Hall				<del></del>	
Address:	6639 Southpoint Parkway, Suite 104					-
	Jacksonville, FL 32216				, , , , , , , , , , , , , , , , , , ,	ter tons
Treasurer: _	Dohom C. II.II			•		
Address:	See above		·			
	i i i i i i i i i i i i i i i i i i i					Market
NICOTE: YO				<u> </u>		er erg er e
<b>\</b> (	ecessary, you may attach an addendum to the app	olication listing additional off	icers and/or dir	ectors.		
13.	(Signature of Chairman, Vice Chairman, or	any officer listed in number	2 of the annie	ation	<u></u>	, -, -
14	Dennie V Stemmin	Par la 1				
	(Typed or printed name and ca	pacity of person signing appl	ication)		··	٠.

<u>:</u>

## State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E LOAN SAVER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2000.

SECRETARY OF STATE



Edward J. Freel, Secretary of State

3298205 8300 AUTHENTICATION: 0850016

001621449 DATE: 12-12-00