

F01000000914

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: LCB HOME LOANS, INC.

(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", 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:

LISSA L. NEECE

(Name of Person)

LCB HOME LOANS, INC.

(Firm/Company)

301-B EAST MARKET STREET

(Address)

FAYETTEVILLE, TN 37334

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

100003677141--7

-02/13/01--01083--003

\*\*\*\*\*87.50 \*\*\*\*\*87.50

LISSA L. NEECE

(Name of Person)

at ( 931 )

438-4922

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 FEB 13 AM 10:48

FILED

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**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. LCB HOME LOANS, INC.  
(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.)
2. STATE OF TENNESSEE/USA  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. JUNE 5, 2000  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. "UPON QUALIFICATION"  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 301-B EAST MARKET STREET, FAYETTEVILLE, TN 37334  
(Principal office address)  
b. P.O. BOX 73, FAYETTEVILLE, TN 37334  
(Current mailing address)
8. MORTGAGE LOAN ORIGINATIONS  
(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: KAY S. PITTMAN  
Office Address: 3157 CARRIAGE CIRCLE  
NAPLES, Florida 34105  
(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.*

X Kay S. Pittman  
(Registered agent's signature)

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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SEC. OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: CHARLOTTE R. BOBBITT

Address: 301-B EAST MARKET STREET

FAYETTEVILLE, TN 37334

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: LISSA L. NEECE

Address: 301-B EAST MARKET STREET

FAYETTEVILLE, TN 37334

Treasurer: LISSA L. NEECE

Address: 301-B EAST MARKET STREET

FAYETTEVILLE, TN 37334

**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. LISSA L. NEECE, SEC./ TREAS.

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

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01 FEB 13 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Secretary of State**  
**Division of Business Services**  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 01/18/2001  
REQUEST NUMBER: 4092-2583  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/05/2000  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0391288  
JURISDICTION: TENNESSEE

TO:  
LCB HOME LOANS, INC.  
AT: LISSA L. NEECE  
PO BOX 73  
FAYETTEVILLE, TN 37334

REQUESTED BY:  
LCB HOME LOANS, INC.  
AT: LISSA L. NEECE  
PO BOX 73  
FAYETTEVILLE, TN 37334

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"LCB HOME LOANS, INC"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

**FILED**  
01 FEB 13 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/18/01

FROM:  
LCB HOME LOAN INC  
PO BOX 73

FAYETTEVILLE, TN 37334-0000

	FEES	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002788975  
ACCOUNT NUMBER: 00356108



SS-4458

*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE