

F010000001395

CORPORATION SYSTEM

CORPORATION(S) NAME

Mila, Inc.

000003672970--5
02/09/01 01094--005
*****8.75 *****8.75

000003672970--5
-02/09/01--01094--004
*****70.00 *****70.00

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign <i>Qualification</i> | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

4

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/9/01

Order#: 35441

Ref#: _____

Amount: \$ _____

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 FEB -9 PM 2:35
 01 FEB -9 PM 3:55

RECEIVED

FILED

*W/C
3/13*

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JMC

ep



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 12, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: MILA, INC.
Ref. Number: W01000003285

We have received your document for MILA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have **RETAINED** your \$78.75 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 101A00008636

Hi Buck!

Here is resolution (+ copy). Please file and back date for me, thanks!
(2/9/01)

Laura @CT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 13 PM 3:52
NO. 111111
TO AGENCY
SUFFICIENT
TALLAHASSEE, FLORIDA
FILED
01 FEB -9 PM 3:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

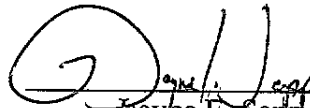
CERTIFIED COPY OF RESOLUTION


**CORPORATION ADOPTING AN ALTERNATE NAME FOR USE
IN THE STATE OF FLORIDA**

I, the undersigned, Layne E. Sapp, do hereby certify that the following is a true, complete and correct copy of a certain resolution of the Board of Directors of MILA, Inc., a corporation duly organized and existing under the laws of the State of Washington, which resolution was duly adopted at a duly called meeting of the said Board, held on February 28th 2001, a quorum being present, and is set forth in the minutes of the said meeting; that I am the keeper of the corporate seal and of the minutes and records of this corporation; and that the said resolution has not been rescinded or modified:

RESOLVED that MILA, Inc., organized and existing in the State of Washington, hereby adopts the name Mortgage Investment Lending Associates, Inc. for use in the State of Florida for all purposes; and further resolved that the officers of the corporation are authorized and directed to take all steps that they deem necessary and appropriate to qualify the corporation to do business within the State of Florida under the name of Mortgage Investment Lending Associates, Inc.; and resolved further that all activities and business of the corporation within the State of Florida shall be carried out under the name Mortgage Investment Lending Associates.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of the said corporation, on this the 28th day of February, 2001.


Layne E. Sapp, President


Brian Carl, Vice President/Secretary

FILED
01 FEB -9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. MILA, 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. WASHINGTON 3. 91-1471279
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 13, 1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3400 188TH STREET SW, #305
LYNNWOOD, WA 98037
(Current mailing address)

8. Mortgage lending (solicitation of brokers)
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(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
K. Sullivan *Asst. Sec.*
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)
FL019 - 9/2/99 C T System Online

FILED
01 FEB -9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Layne E. Sapp

Address: 3400 188th Street SW, Suite 305
Lynnwood, WA 98037

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
01 FEB - 9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Layne E. Sapp (President/Treasurer)

Address: 3400 188th Street SW, #305
Lynnwood, WA 98037

Vice President: Brian J. Carl (VP/Secretary)

Address: 3400 188th Street SW, #305
Lynnwood, WA 98037

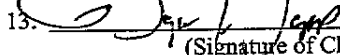
Secretary: Sarah Fulton-Hikel (Vice President of Operations)

Address: 3400 188th Street SW, #305
Lynnwood, WA 98037

Treasurer: _____

Address: _____

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. LAYNE E. SAPP President
(Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



SECRETARY of STATE

I, *SAM REED*, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

MILA, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on April 13, 1989.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

FILED
01 FEB -9 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Date: February 6, 2001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed
sm
Sam Reed, Secretary of State