S70.00 Filing Fee

S78.75 Filing Fee &

Certificate of Status

# Folo0000/526

#### TRANSMITTAL LETTER

	80090,27,585,58
TO: Registration Section Division of Corporations	*******87.*20 *****
	Mortgage, Inc.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	r Authorization to Transact Business in Florida", register the above referenced foreign corporation
Please return all correspondence concerning this matter	er to the following:
Robert D. Gu	illickson
(Name o	f Person)
Cabin Creek	Mortgage, INC.
(Firm/Co	ompany)
18919 Swan	Haven ct.
(Add	lress)
Davidson,	N.C. 280366 and Zip code) Fig. 9
(City/State	and Zip code) $=$ $=$
For further information concerning this matter, please  Robert Gullickson at (704  (Name of Person) (Area	
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:	•

\$78.75 Filing Fee &

Certified Copy

S87.50 Filing Fee,

Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 27, 2001

ROBERT D. GULLICKSON CABIN CREEK MORTGAGE INC 18919 SWAN HAVEN CT DAVIDSON, NC 28036

SUBJECT: CABIN CREEK MORTGAGE, INC.

Ref. Number: W01000004541

We have received your document for CABIN CREEK MORTGAGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 601A00012413

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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. (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) (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.) Davidson Davidson aven ct. (Current mailing address) (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) Office Address: 260 Robin Rd 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

(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.

duties, and I am familiar with and accept the obligations of my position as registered agent.

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14.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: \_ Vice Chairman: Address: \_\_ Director: \_ Address: \_ Director: Address: \_ B. OFFICERS President: \_ Robert Swan Haven ct N.C. 28036 Davidson Vice President: \_ Address: \_\_\_ Secretary: \_ Address: \_\_ Treasurer: William J. Alams Cedar Grove Circle Davidson, N.C. 28036 NOTE: If peressary, you may attach an addendum to the application listing additional officers and/or directors. Milling O Cha (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Robert D. Gullickson President -



### NORTH CAROLINA

### **Department of The Secretary of State**

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### CABIN CREEK MORTGAGE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of September, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of February, 2001.

Plaine I. Marshall

Secretary of State

Certification Number: 5471971-1 Page: 1 of 1 Ref. # 4562205 Verify this certificate online at www.secretary.state.nc.us/Verification.