

CT CORPORATION SYSTEM

F010000001835

CORPORATION(S) NAME

Alta Financial Corporation

FILED  
01-FEB-15 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<i>Qualification</i>	<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 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		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/15/01

Order#: 3588732

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

100003705601--6  
-02/15/01--01047--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

A CCH LEGAL INFORMATION SERVICES COMPANY

32 4/4/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 15, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: ALTA FINANCIAL CORPORATION  
Ref. Number: W01000003666

FILED  
01 FEB 15 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALTA FINANCIAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$70.00 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: 101A00009716

RECEIVED  
01 APR -3 PM 12:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

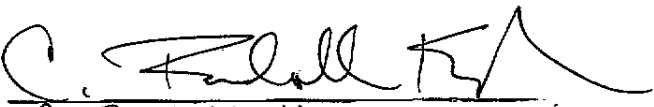
*2uck*  
*DBA attached.*  
*Pls backdate to 2/15/01.*  
*Sending another check because we*  
*requested a refund 3/22/01.*  
*HS*  
*Carol*

**RESOLUTION OF BOARD OF DIRECTORS**

I, the undersigned C. Randall Krogh, do hereby certify that this Resolution of the Board of Directors of Alta Financial Corporation duly organized and existing under the laws of the State of Georgia, was duly adopted on 11/22/99.

Resolved, that Alta Financial Corporation organized and existing in the State of Georgia hereby adopts the name

AF Mortgage Corporation for use in Florida.  
Dated: 3/26/01

  
C. Randall Krogh, Director

FILED  
01 FEB 15 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# 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. ALTA FINANCIAL CORPORATION

(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 natural person or partnership if not so contained in the name at present.)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2504263

(FEI number, if applicable)

4. 11/22/99

(Date of incorporation)

5. PERPETUAL

(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. 531 ROSELANE STREET SUITE 600

MARIETTA GA 30060

(Current mailing address)

8. MORTGAGE / LENDER

(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

(Registered agent's signature)

ALLAN J. SNELL  
[ASSIST. 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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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

Chairman: RICK A KROGH  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA. 30060

Vice Chairman: C. RANDALL KROGH  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA 30060

Director: KINLEY G SHELL  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA 30060

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

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

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

President: RICK A. KROGH  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA, GA 30060

Vice President: C. RANDALL KROGH  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA 30060

Secretary: KINLEY G SHELL  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA 30060

Treasurer: KINLEY G SHELL  
Address: 531 ROSELANE STREET SUITE 600  
MARIETTA GA 30060

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kinley G Shell  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kinley G Shell (25% Owner - Secretary)  
(Typed or printed name and capacity of person signing application)

FILED  
01 FEB 15 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 010380746  
CONTROL NUMBER : K948037  
DATE INC/AUTH/FILED: 11/22/1999  
JURISDICTION : GEORGIA  
PRINT DATE : 02/07/2001  
FORM NUMBER : 211

FILED  
01 FEB 15 PM 4:05 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALTA FINANCIAL CORPORATION  
KINLEY G. SHELL  
531 ROSELANE ST STE 600  
MARIETTA, GA 30060

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ALTA FINANCIAL CORPORATION**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Cathy Cox*

Cathy Cox  
Secretary of State