

# FOI 0000001979

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONE PLUS MORTGAGE, INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

300003985103--2  
-04/10/01--01073--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

TERRY F. RILEY  
(Name of Person)  
ONE PLUS MORTGAGE, INC  
(Firm/Company)  
2314 SW 44<sup>th</sup> ST.  
(Address)  
CAPE CORAL, FLORIDA 33914  
(City/State and Zip code)

For further information concerning this matter, please call:

TERRY F. RILEY at (941) 549-2663  
(Name of Person) (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

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01 APR 10 21 08 56

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4mth

4/12

**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. ONE PLUS MORTGAGE, 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. LOUISIANA 3. EIN: 62-1845375  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-27-2000 5. PERPETUAL  
(Date of incorporation) (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. 4637 VINCENTES BLVD STE#2 CAPE CORAL, FLA. 33914  
(Principal office address)  
2314 SW 44th ST. CAPE CORAL, FLA. 33914  
(Current mailing address)

8. LICENSED MORTGAGE BROKER BUSINESS  
(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: JEFF RILEY  
Office Address: 4637 VINCENTES BLVD STE#2  
CAPE CORAL, Florida 33914  
(City) (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.*

[Signature]  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: JEFF RILEY

Address: 2314 SW 44<sup>th</sup> ST

CAPE CORAL, FLA 33914

Vice President: KRISHA RILEY

Address: 1733 SW 54<sup>th</sup> LN.

CAPE CORAL, FLA. 33914

Secretary: TERRY RILEY

Address: 2314 SW 44<sup>th</sup> ST. CAPE CORAL, FLA 33914

Treasurer: TERRY RILEY

Address: 2314 SW 44<sup>th</sup> ST. CAPE CORAL, FLA. 33914

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

13. Riley

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. See / Treas TRiley

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

UNITED STATES OF AMERICA  
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

ONEPLUSMORTGAGE, INC.

Domiciled at SLIDELL, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation  
was issued on December 27, 2000;

I further certify that no Certificate of Dissolution has  
been issued.

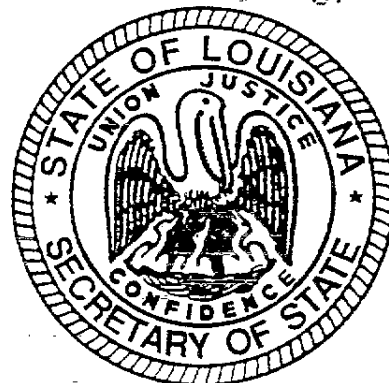
*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

April 6, 2001

*Jox McKeithen*

BRI 35019770D

*Secretary of State*



FILED  
01 APR 10 PM 8:56  
SEC. OF STATE  
Baton Rouge, LA