F01000003195

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		. 1.~	
SUBJECT: Home Capital, In (Name of corporate	۷.	10/18	_
(Name of corporat	ion - must include suffix)		An .
Dear Sir or Madam: 00855-003/0	-029143	> *	MJH
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	register the above referenced	l foreign corporation	7()
Please return all correspondence concerning this matt	an ta tha fallin	001-1087	:28E
C.E. Harrison		-()5/08/0101	HKB==000
(Name o	of Person)	deletered to an	
Home Capital, Inc. (Firm/C			
(Firm/C	ompany)		
7 Dunwoody Park, Sur (Add	ite 104		_
Attanta, Ga 3033 (City/State	and Zip code)		
For further information concerning this matter, please	call:		
	673-08 24 Code & Daytime Telephone	Number) IALLARASSI	FIL 01 JUN 18
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	E, FLORIDA	ED PH 4: 0
Enclosed is a check for the following amount:			-
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Statu Certified Copy	s &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 14, 2001

C.E. HARRISON HOME CAPITA, INC. 7 DUNWOODY PARK, SUITE 104 ATLANTA, GA 30338

SUBJECT: HOME CAPITAL, INC. Ref. Number: W01000010870

We have received your document for HOME CAPITAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 901A00029225



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 29, 2001

C.E. HARRISON HOME CAPITA, INC. 7 DUNWOODY PARK, SUITE 104 ATLANTA, GA 30338

SUBJECT: HOME CAPITAL, INC. Ref. Number: W01000010870

We have received your document for HOME CAPITAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the alternate name you have chosen is also unavailable. Please refer to the attached print out. You must choose another name to do business as in the state of Florida. Please alter your resolution accordingly.

Please return 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) 487-6967.

Letter Number: 101A00032656

Michelle Hodges Document Specialist

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned C. E. Harrison, do hereby certify (Name)	·
that this Resolution of the Board of Directors of Home Capital, Inc.	
(Corporate Name)	<u> </u>
a corporation duly organized and existing under the laws of the State of _Georgia,	
was duly adopted on _ 6/12/01 Be it resolved, that/ Home Capital, Inc, (Corporate Name)	
organized and existing in the State of Georgia, hereby adopts the name	
Loan America, Inc. for use in Florida.	
Dated: 6/12/01 Signature of either Chairman, Vice Chairman or any officer C. E. Harrison Type or print name	SECRETARY OF STITALLANASSEE, FLO

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.) Georgia 3. 58-2493831 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 9/99
(Date of incorporation)

5. Per Petual
(Duration: Year corp. will cease to exist or "perpetual") 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. 7 Dunwoody Park, Surte 104, Attenta, Ga. 30338
(Principal office address) 7 Dunwoody Park, Suite 104, Atlanta, Ga. 30338
(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) Name: CT Corporation Office Address: 1200 South Pine Island Rd. Plantation, Florida 33324 (City), Florida (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. Dale W. Morris

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 business addresses of officers and/or directors:

A. DIRECT	TORS
Chairman:	
vice Chairma	n:
.ddress:	
irector:	
ddress:	
. OFFICE	RS
	Mathew Wolfort
	7 Dunwoody Park, Suffe 104
	Atlanta, Ga. 30338
	C. E. Harrison
ddress:	7 Dunwoody Park, Suite 104
	Atlanta, Ga. 30338
cretary:	Michael R. Berte
	7 Dunwoody Park, Swite 104. Atlanta, Ga 3033D
reasurer:	1
ddress:	
OTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
3.	Che Ann
o	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4.	C. E. Harrison - Vice President
-	(Typed or printed name and capacity of person signing application)

Secretary of State

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

DOCKET NUMBER : 011211010°
CONTROL NUMBER : K943585

DATE INC/AUTH/FILED: 09/27/1999
JURISDICTION : GEORGIA

JURISDICTION : GEORGIA
PRINT DATE : 05/01/2001

FORM NUMBER : 211

HOME CAPITAL, INC.
MATHEW WOLFORT
7 DUNWOODY PARK STE 104
ATLANTA, GA 30338

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

HOME CAPITAL, INC. 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 abovenamed 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 Secretary of State