Fologood 4699 TRANSMITTAL LETTER

| - | |
|---|--|
| SUBJECT: Sullivan Funding | |
| (Name of corpo | ration - must include suffix) |
| Dear Sir or Madam: | 500004540795\$ -08/17/0101098002 *****87.50 *****87.50 |
| The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida. | for Authorization to Transact Business in Florida", I to register the above referenced foreign corporation |
| Please return all correspondence concerning this m | atter to the following: |
| Sean M. Clapp, General Counse | 1 |
| (Nam | ne of Person) |
| Sullivan Funding Group, Inc. | |
| | n/Company) |
| 3815 River Crossing Parkway, | Suite 280 |
| (A | Address) |
| Indianapolis, IN 46240 | |
| (City/St | ate and Zip code) |
| | |
| For further information concerning this matter, plea | ase call: 7001 St |
| Sean M. Clapp at (31 | 7)569-3075 |
| (Name of Person) (A | rea 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 | Cortified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy |

TO:

Registration Section Division of Corporations

40



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2001

SEAN M. CAPP SULLIVAN FUNDING GROUP INC 3815 RIVER CROSSING PARKWAY SUITE 280 INDIANAPOLIS, IN 46240

SUBJECT: SULLIVAN FUNDING GROUP, INC.

Ref. Number: W01000019506

We have received your document for SULLIVAN FUNDING GROUP, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6043.

Shawn Logan Document Specialist

Letter Number: 501A00047995

2001 SEP -5 PH 2: 05
DIVIDION OF CORPORATIONS
TALLAHASSEF FI OBINIONS

' APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN.COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SŪBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. ' Sullivan Funding Group, Inc. | |
|---|---|
| (Name of corporation; must include the word "INCORPOR | ATED", "COMPANY", "CORPORATION" or |
| words or abbreviations of like import in language as will cle | early indicate that it is a corporation instead of a |
| natural person or partnership if not so contained in the name | e at present.) |
| 2 Tm 84 a | 2 25 0007000 |
| Indiana (State or country under the law of which it is incorporated) | _3. <u>35-2026083</u> |
| (State of country under the law of which it is incorporated) | (FEI number, if applicable) |
| 4. <u>August 1, 1997</u> | 5. Perpetual |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| 6. May 1, 2001 | 150 A |
| | not transacted business in Florida, insert "upon qualification.") |
| (SEE SECTIONS 607.1 | .501, 607.1502 and 817.155, F.S.) |
| | |
| | Suite 280, Indianapolis, IN 46240 |
| (Principal office | address) |
| 3815 River Crossing Parkway, | Suite 280, Indianapolis, IN 46240 |
| (Current mailing | |
| | |
| 8. General business, primarily | |
| (Purpose(s) of corporation authorized in home state of | real estate purchases and sales |
| (2 imposses) of corporation addressed in notice state (| to our carried out in state of 1 tortiday |
| Name and street address of Florida registered age | nt: (P.O. Box or Mail Drop Box NOT acceptable) |
| | |
| Name: David A. McDonald | |
| Office Address 3324 Orango Plaggom Cour | $-\frac{\lambda N}{2}S_{L}$ |
| Office Address: 3324 Orange Blossom Cour | AS TO THE |
| Palm Beach Gardens | |
| (City) | (Zip code) |
| , | |
| 10. Registered agent's acceptance: | 2: L |
| Having been named as registered agent and to accept s | ervice of process for the above stated corporation at the plac |
| designated in this application, I hereby accept the appo | intment as registered agent and agree to act in this capacity. |
| | tes relative to the proper and complete performance of my |
| duties, and I am familiar with and agcept the obligation | ns of ply position as registered agent. |
| (,) | |
| (/./ ./ | |
| Vand 19 | c Lhall |
| (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 business addresses of officers and/or directors:

| A. DIKE | TORS , |
|-------------|--|
| Chairman: | Lance L. Laconi |
| Address: _ | 3815 River Crossing Parkway, Suite 280 |
| | Indianapolis, IN 46240 |
| Vice Chairn | man: None |
| Address: _ | |
| <u></u> | |
| Director: _ | Lance L. Laconi |
| Address: _ | 3815 River Crossing Parkway, Suite 280 |
| _ | Indianapolis, IN 46240 |
| Director: _ | |
| Address: _ | |
| _ | |
| B. OFFIC | CERS |
| President: | Lance L. Laconi |
| Address: _ | 2815 River Crossing Parkway, Sûite 280 |
| _ | Indianapolis, IN 46240 |
| Vice Presid | ent: Sandy J. Laconi |
| Address: _ | 3815 River Crossing Parkway, Suite 280 |
| _ | Indianapolis, IN 46240 |
| Secretary: | Lance L. Laconi |
| Address: _ | 3815 River Crossing Parkway, Suite 280, Indianapolis, IN 46240 |
| Treasurer: | Lance L. Laconi |
| Address: _ | 3815 River Crossing Parkway: Suite 280, Indianapolis, IN 46240 |
| NICOMY TO | |
| | 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 | Lance L, Laconi President |
| | (Pyped or printed name and capacity of person signing application) |

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

SULLIVAN FUNDING GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 1, 1997, and was in existence or authorized to transact business in the State of Indiana on August 3, 2001.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Third day of August, 2001.

SUE ANNE GILROY, Secretary of State

Sue anne Gilling

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