

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
www.floridacompliance.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Capital Mortgage Services, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
01 NOV 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk in

☒ Pick up time 11/12

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000004674230--0  
-11/09/01--01029--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

EX

RECEIVED  
DIVISION OF CORPORATE REGISTRATION  
TALLAHASSEE, FLORIDA

01 NOV - 9 AM 11:52

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 9, 2001

FLORIDA COMPLIANCE SERVICES

TALLAHASSEE, FL

SUBJECT: CAPITAL MORTGAGE SERVICES, INC.  
Ref. Number: W01000025929

RECEIVED  
FILED  
01 NOV 14 PM 3:24  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAPITAL MORTGAGE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$78.75 payment.

You are obviously aware of the fact that there is an active Florida corporation currently using the name CAPITAL MORTGAGE SERVICES, INC., and that your corporation will have to adopt an ALTERNATE CORPORATE NAME for use in Florida.

However, the alternate name you have selected -- CAPITAL MORTGAGE SERVICES OF FLORIDA -- is not acceptable. First, the name MUST CONTAIN A CORPORATE SUFFIX.

Second, under our name rules, the addition of the words "Florida" or "of Florida" to a name does not constitute a significant name difference.

Please select another ALTERNATE CORPORATE NAME that contains a corporate suffix and is significantly different from CAPITAL MORTGAGE SERVICES, INC.

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 401A00061013

RESOLUTION OF BOARD OF DIRECTORS  
(Please print or type)

FILED  
01 NOV 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned GARY G ALTMAN, do hereby certify  
(Name)

that this Resolution of the Board of Directors of Capital Mortgage Services, Inc  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia  
was duly adopted on Nov 2, 20 01

Be it resolved, that Capital Mortgage Services, Inc.  
(Corporate Name)

organized and existing in the State of GA, hereby adopts the name  
Altman Mortgage Company for use in Florida.

Dated: 11/2/01

[Signature]  
Signature of either Chairman, Vice Chairman or any officer

GARY G ALTMAN, Pres  
Type or print Name

# 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. CAPITAL MORTGAGE SERVICES, 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. GA 3. 58-1965475  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7 Nov 1991 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. 6000 Lake Forrest Drive, Suite 455 Atlanta, GA  
(Principal office address)
- 6000 Lake Forrest Drive, Ste. 455 Atlanta, GA 30328 30328  
(Current mailing address)

8. MORTGAGE BROKER  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

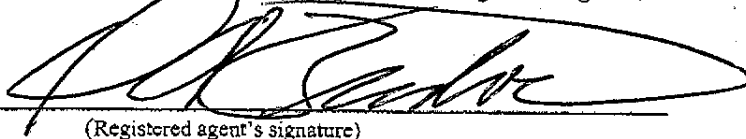
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: DENIS BRASLOW, ATTORNEY AT LAW

Office Address: 917 North 12th Street  
Pensacola, Florida 32501  
(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.



(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.

FILED  
NOV 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: GARY ALTMANAddress: ~~5280~~ 6000 Lake Forrest Drive, Suite 455  
Atlanta Ga 30328

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

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

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

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

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

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

## B. OFFICERS

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If 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. \_\_\_\_\_

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

FILED  
NOV 14 PM 3:24  
01  
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 : 013110366  
CONTROL NUMBER : K120131  
DATE INC/AUTH/FILED: 11/07/1991  
JURISDICTION : GEORGIA  
PRINT DATE : 11/07/2001  
FORM NUMBER : 211

CAPITAL MORTGAGE SERVICES INC.  
GARY ALTMAN  
6000 LAKE FORREST DR STE 455  
ATLANTA, GA 30328

FILED  
01 NOV 14 PM 3:24  
SECRETARY OF STATE  
TREASURER OF FLORIDA

**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

**CAPITAL MORTGAGE SERVICES, 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 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