# F01000005943

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TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Allete Mortgage Corporation (Name of corporation - must include suffix)		
Dear Sir or Madam:		
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:		
(Name of Person)  Allete Mortgage Corporation  (Firm/Company)		
(Name of Person)		
- Allete Mortgage Corporation		
(Firm/Company)		
810 W. Third 5+ SA & (Address)		
r. A. T		
MARION, IN 46952		
(City/State and Zip code)		
For further information concerning this matter, please call:  7000453787— -11/02/01—01022—004 *****87.50 *****87.50	.5 60	
Kathy & Broceman at (765) 668-0900 wol-25504  (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
CORP. Sec		
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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy		

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 6, 2001

LYNN A. JOHNSON 810 W. THIRD ST. MARION, IN 46952

SUBJECT: ALLETE MORTGAGE CORPORATION

Ref. Number: W01000025504

We have received your document for ALLETE MORTGAGE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the additional page of the application.,

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 601A000602

FILED

Division of Comparations - P.O. ROY 6227 Tollahorson Florida 22214

## APPLICATION BY FOREIGN CORPORÂTION 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.) (State or country under the law of which it is incorporated) (FEI number, if applicable) (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.) Brokerage Business rposc(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: Office Address:

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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Betty E. Streiß	
Address: 810/2 W. Third St.	•
Mariant Jaki Wilden	
Director:	
Address:	
B. OFFICERS	
President: LYNN A. JOHNSON	0 S S S S S S S S S S S S S S S S S S S
Address: 533 E. Sherman St.	
marion, IN 46952	NSS (S
Vice President: Betty E. Streib	HO 로 U
Address: 810/2 W. Third St.	STA]
MARION, IN 46952	S C
Secretary: Kathy L. Brockman	
Address: 426 N. BODTS St.	
marion, Indiana 46952	
Treasurer: LYNN A. Johnson	
Address: 533 E Sherman St.	
MARION, IN 46952	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors.
13. Deta E. Strik	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	pplication)
4. HUN A. Johnson, President, Allete Mortea (Typed or printed name and capacity of person signing application	ge Corporation

## State of Indiana Office of the Secretary of State

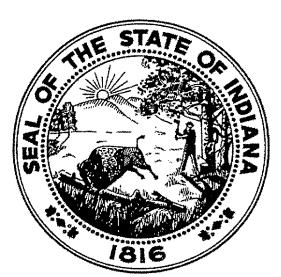
#### CERTIFICATE OF INCORPORATION

of

### ALLETE MORTGAGE CORPORATION

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, August 17, 2001.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 17, 2001.

Sue ann Gillag

SUE ANNE GILROY, SECRETARY OF STATE