F01000006418

CORPORATION SYSTEM

FILED
01 DEC 17 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

(1) Artesia Properties Inc.

0

~~(2) Artesia Mortgage Capital Corporation~~

100004729191--8
-12/17/01--01051--025
*****70.00 *****70.00

100004729191--8
-12/17/01--01051--024
*****17.50 *****17.50

(x) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
(x) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
(x) Certified Copy	( ) Photocopies	(x) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

BK

Name 12/17/01 Order#: 4961923

Availability _____

Document

Examiner _____ Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____ Amount: $_____

CB

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
01 DEC 17 PM 2:05
RECEIVED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

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TALLAHASSEE, FLORIDA

1. Artesia Properties 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. Delaware
(State or country under the law of which it is incorporated)

3. 91-2117272
(FEI number, if applicable)

4. 10/8/99
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Future Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1180 NW maple St. #202
Issaquah, WA 98027
(Current mailing address)

8. Any lawful act
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

C T Corporation System

(Registered agent's signature)

Nancy Lydon, Asst. V.P.

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Guy Cools

Address: 1180 NW Maple Street #202

Issaquah, WA 98027

Vice Chairman:

Address:

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TALLAHASSEE, FLORIDA

Director: Doug Clyde

Address: 1180 NW Maple Street #202

Issaquah, WA 98027

Director: Leslie Kutas

Address: 1180 NW Maple Street #202

Issaquah, WA 98027

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Guy Cools

Address: SAME

Vice President: Doug Clyde

Address: SAME

Secretary: Leslie Kutas

Address: SAME

Treasurer: Leslie Kutas

Address: SAME

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

13. [signature]

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

14. Leslie Kutas

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

State of Delaware

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTESIA PROPERTIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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01 DEC 17 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3108832 8300

AUTHENTICATION: 1482255

DATE: 12-05-01