# F02000001521

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Summit Mortgoge Corpora	uti M
(Name of corporation- must include suff	ĩx)
Dear Sir or Madam:	100005145341
The enclosed "Application by Foreign Corporation for Authorization to Tra "Certificate of Existence", and check are submitted to register the above refeto transact business in Florida.	nsact Business in Florida", erenced foreign corporation
Please return all correspondence concerning this matter to the following:	
hathleen Taylor (Name of Person)	02 TAE TAE
	AH.
Sunnit Mortgage Corporation (Firm/Company)	ASS
10201 wayzata Blvd. Suite 350 (Address)	FLORD FR
^	TIE RIDA
Minnetonta UN 55305	
(City/State and Zip code)	
For further information concerning this matter, please call:	DOR
hattleen Taylor at (952) 253-72	
(Name of Person) (Area Code & Daytime Tele	ephone Number) Name Availability
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDR  Registration Section  Division of Corporation P.O. Box 6327  Tallahassee, FL 32399	rations Upda er  U er  2314 Ver.iver
Enclosed is a check for the following amount:	Acknowlet'gee.: W. P. Verityer
□ \$70.00 Filing Fee  \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status	& 587.50 Filing Fee, Certificate of Status & Certified Copy

F02-1521

#### Corporate Resolution

The Board of Directors of Summit Mortgage Corporation, a corporation qualifying to do business in the state of Florida, do hereby resolve this , 2002 to adopt the name 2/58 day of March Summit Home Mortgage Inc. for the purpose of conducting business in the state of Florida. The Board of Directors acknowledges the Summit Mortgage Corporation, doing business in the state of Florida under the modified corporate name of Summit Home Mortgage Inc. approved by the secretary of state, shall use the modified name in its dealing and communications with the secretary of state.

Authorized signature

ROBELL V. CALSEIR

#### 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. taage experation (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.) いわのしくい (State or country under the law of which it is incorporated) (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 System Office Address: 1200 South Pine Island Road Plantation \_\_\_, Florida, <u>333</u>24 (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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 C T System Online

which it is incorporated.

Thomas R. Belnar, Asst. Secy.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)  Chairman:   N	
Address:	
Vice Chairman: NH	
Address:	
Director: Robert L. Carter	
Address: 10201 Wayzata Blud. Suite 350	
Minneton Ka MN. 55305	
Director: Diana J. Clarke-Carter	
Address: 10201 Wayzata Blud. Suite 350	
Minne forwa MN 55305  B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
resident: Robert L. Carter	
address: 10201 Wayzata Blud. Suite 350	
Minnetonha MN 55305	75 <b>8</b>
Vice President:NA	ESP F T
Address:	
	FF9 2 0
ecretary: Diana J. Clarke-Carter	TO F
ddress: 10201 way Zata Blud. Suite 350	) Pri o
Minnetonha UN 55305	
reasurer:	
ddress:	<u> </u>
	<u> </u>
IOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
3. (Signature of Chairman, Vice Chairman, or any officer listed in number 1)	2 of the emplication)
(Signature of Chairman, Vice Chairman, or any officer listed in number 1.	2 of the application)
(Typed or printed name and capacity of person signing	application)

## state of Minnesota

### **SECRETARY OF STATE**

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

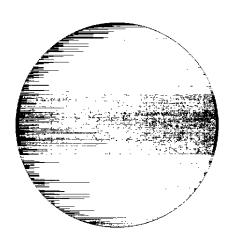
Name: Summit Mortgage Corporation

Date Formed: 06/16/1992

Chapter Governed By: 302A

This certificate has been issued on 03/13/02.





Mary Kiffmeyer Secretary of State.