F02000001680

TRANSMITTAL LETTER

SUBJECT: ALTERNATIVE (Name	of corporation - must include suffix)	
Dear Sir or Madam:	- 	000513497-0108 -03/19 <u>/</u> 020108
The enclosed "Application by Foreign Cor "Certificate of Existence", and check are s to transact business in Florida.	poration for Authorization to Transact Burberline to register the above referenced in	*****70.00 ** siness in Florida", oreign corporation
Please return all correspondence concernir	ng this matter to the following:	
Timothy in Posi	Γ	
,	(Name of Person)	
ALternative mor	togage Solutions, Inc	•
	(Firm/Company)	92 SE(
5237 RICE ST.	(Address)	
3254 Rice ST. LIHILE CANADA,	mn SS126	FIL R -4 RARY ASSE
	(City/State and Zip code)	PR PR
For further information concerning this ma	· ·	2: 21 TATE ORIDA
(Name of Person)	1 (6S1) 483-0803	
(Name of Person)	(Area Code & Daytime Telephone N	umbeljame Availability
CORPORED A DESCRIPTION OF THE PROPERTY OF THE		Document 11 Examiner
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	Updater
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	Upga er Verifyer
Fallahassee, FL 32399	Tallahassee, FL 32314	Acknowledgement
Enclosed is a check for the following amou	int;	W. P. Verifyer
\$\frac{1}{2}\$\$\\$70.00\$ Filing Fee \$\square\$ \$78.75\$ Filing I Certificate of	Status Certified Copy	887.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 25, 2002

TIMOTHY M POST ALTERNATIVE MORTGAGE SOLUTIONS, INC 3254 RICE ST LITTLE CANACA, MN 55126

SUBJECT: ALTERNATIVE MORTGAGE SOLUTIONS, INC.

Ref. Number: W02000008316

We have received your document for ALTERNATIVE MORTGAGE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address: 8

Please return your document, along with a copy of this letter, within 60 days by your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Lakysha Francis Document Examiner

Letter Number: 802A000 7752~

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. Abernative mortgage Solutions, 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. Winnesota 3. 41-1821388 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/2/95 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALFICATION
(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. 3254 Ricest, Little Canada, mn SS126 (Principal office address)
(Principal office address)
(Principal office address) Same
Same (Current mailing address)
≒ ≈ _
8. Wortgage Bycker ST T (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: Tim C. Harmsen
Office Address: 106 11th ST ST Augustine , Florida 32080 (City) (Zip code)
ST Amusa 2200 s
(City) (Zin 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
luties, and I am familiar with and accept the obligations of my position as registered agent.
,
20 1L
(Registered agent's signature)
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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: ___ 141e CANADA, MM SS126 Vice Chairman: __ Director: _ Address: Director: _ Address: B. OFFICERS Address: ____ Vice President: __ Address: __ Secretary: _ Address: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Timothy m Post, President
(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.

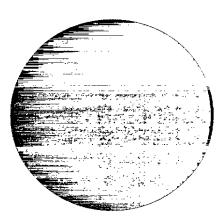
Name: Alternative Mortgage Solutions, Inc.

Date Formed: 10/02/1995

Chapter Governed By: 302A

This certificate has been issued on 03/18/02.

2 APR -4 PM 2: 2 ECRETARY OF STATE



Mary Kiffmeyer Secretary of State.