

# F02000002292

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Icon Financial Group, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

000005193090--7  
-04/04/02--01071--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Scott Thompson  
(Name of Person)

Icon Financial Group, Inc.  
(Firm/Company)

1740 W. Big Beaver #201  
(Address)

TROY, MI 48064  
(City/State and Zip code)

FILED  
APR 30 PM 3:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott T. Thompson at (248) 637-8100  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS MAILING ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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 &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

W02-9632  
J. BRYAN APR - 5 2002  
J. BRYAN MAY 7 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 5, 2002

SCOTT THOMPSON  
1740 W. BIG BEAVER #201  
TROY, MI 48084

SUBJECT: ICON FINANCIAL GROUP, INC.  
Ref. Number: W02000009632

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DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ICON FINANCIAL GROUP, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the original and one copy of 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) 245-6043.

Joey Bryan  
Document Specialist  
Tax Liens

Letter Number: 102A00020154

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TALLAHASSEE, FLORIDA

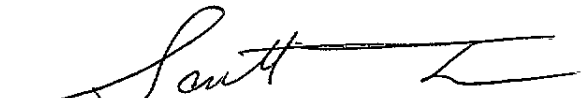


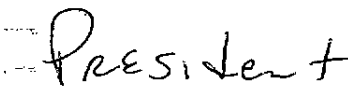
THE ICON FINANCIAL GROUP, INC.  
1740 W. BIG BEAVER RD., SUITE 201  
TROY, MI 48084

**Corporate Resolution  
of  
Icon Financial Group Inc.**

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TALLAHASSEE, FLORIDA

RESOLVED, that the following are hereby authorized and empowered in the name of and on behalf of this Corporation and under its Corporate Seal, to execute any and all agreements, contracts, assignments, endorsements, and issuance of checks or drafts, reports, mortgage documents and other papers in connection with documents and information required or deemed necessary by The State of Florida. We are requesting that we are registered under the name of Icon Financial Mortgage, Inc.

  
Name of Officer SCOTT THOMPSON

  
Title PRESIDENT

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

Witness my hand and seal of this office this 30<sup>th</sup> day of April, 20 02.



PHONE: 248-637-8100  
FAX: 248-637-2948

Lynne L. Williams  
Oakland County  
Commission Expires  
1-26-2005



SCOTT T. THOMPSON  
THE ICON FINANCIAL GROUP, INC.  
1740 W. BIG BEAVER RD., SUITE  
TROY, MI 48084

To: State of Florida

From: Scott Thompson  
President  
Icon Financial Group, Inc.

Re: Letter 102A00020154

Attention: Joey Bryan

This affidavit is to verify that line #6 on our application was incorrect. Our business will star upon date of qualification.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott", followed by a long, horizontal, wavy line that extends across the page.

Scott Thompson  
President  
Icon Financial Group, Inc.

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2002 APR 30 PM 3:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PHONE: 248-637-8100

FAX: 248-637-2930

# 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. Icon Financial Group, 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. MICHIGAN 3. 38-3378714  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7197 5. Perpetual  
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/17/01  
 (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. 1740 W. Big Beaver #201  
 (Principal office address)

Troy, MI 48064  
 (Current mailing address)

8. Mortgage Broker/Lender  
 (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: PAUL Steven Reszka

Office Address: 4637 Vincennes Blvd. #2

Cape Coral, Florida 33904  
 (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.

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 TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Scott T. Thompson

Address: 1740 W. Big Beaver #201  
Troy MI 48084

Vice Chairman: Same

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

Director: Same

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

Director: Same

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Same

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

Vice President: Same

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

Secretary: Same

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

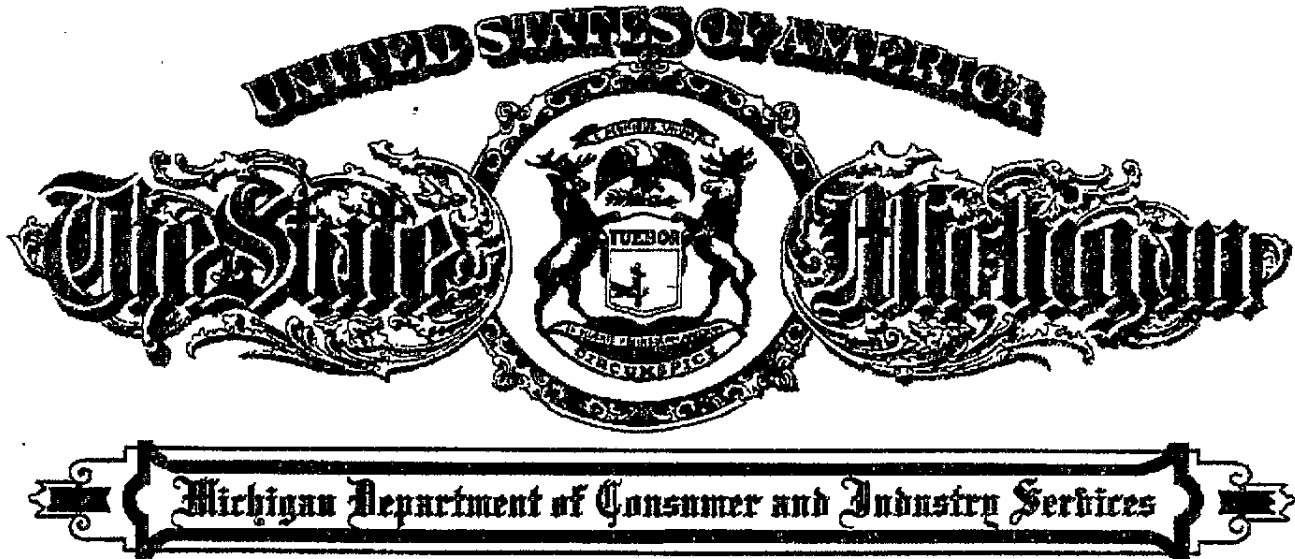
Treasurer: \_\_\_\_\_

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

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

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

14. Scott Thompson  
(Typed or printed name and capacity of persons signing application)



Lansing, Michigan

*This is to Certify That*

**ICON FINANCIAL GROUP, INC.**

*was validly incorporated on September 5, 1997, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
645064

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of March, 2002*

*Andrew S. Hittell*, Director

Bureau of Commercial Services