# F02000003102

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUCKHEAD MORTGAGE ASSOCIATES, INC.  (Name of corporation - must include suffix)	- <u>-</u>
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:	- · - :
Briggs S. Cline Same of Person)	
(Name of Person)	-
Buckhead Mortgage Associates, Inc.	· : .
(Firm/Company)	
4651 Roswell Road, Suite 401-E	
(Address)	•
Atlanta, GA 30342 400005812374-06/18/02-01038-00	_2
(City/State and Zip code) ******87.50 *****87.	
For further information concerning this matter, please call:  Briggs S. Cline at (404)	- <del>-</del> .
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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy

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

## 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.

	ral person or partnership if not so contained in the	2	ŕ			
(Stat	Georgia e or country under the law of which it is incorporate	ed)	(FEI numbe	r, if applicable)		
			Perpetual		<b>\$</b> 9	2
	(Date of incorporation)		Duration: Year corp. will		"perpetual")	To and the second
	Upon Qualification	-			8	<u></u>
Dat	e first transacted business in Florida. If corporation (SEE SECTIONS 6		insacted business in Florio 07.1502 and 817.155, F.S		ualif <del>ic</del> ation.")	<u> </u>
	4651 Roswell Road, Suite			A 30342		တ္ ဘု
	(Principal of	fice address	s)		>⊓ <	٥
	4651 Roswell Road, Suite			anta, GA	30342	
	(Current mail	ling address	s)	-	- <del></del>	
	Mortgage Ruxibers Busine					
	(Purpose(s) of corporation authorized in home sta	ate or count	ry to be carried out in sta	te of Florida)		
	ne and <u>street address</u> of Florida registered :	agent: (P	.O. Box or Mail Drop I	Box <u>NOT</u> accep	table)	
Naı	Name: KENNETH FARM	I E R				
Naı	Name CCDOCIA FACILI		<del></del>		-	
	·					
	Address: 4907 CARDER ROA		<u> </u>	- · -		
	·	D				

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: \_\_\_ NA Address: NA NΑ Vice Chairman: NA Address: NA NΑ Director: \_\_\_\_ NA Address: NA \_\_\_NA Director: NA Address: <u>NA</u> NA **B. OFFICERS** President: \_\_\_\_ Briggs S. Cline Address: 4651 Roswell Road, Suite 401-E Atlanta, GA 30342 Vice President: NA Address: \_\_\_\_ NA .. NA Secretary: XEXX Bliggs S. Cline Address: 4651 Roswell Road, Suite 401-E Atlanta, GA 30342 Treasurer: Biggs S. Cline Address: 4651 Roswell Road, Suite 401-E Atlanta, GA 30342 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)

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

BRIGGS S. CLINE

# **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 021630412
CONTROL NUMBER : K902077
DATE INC/AUTH/FILED: 01/05/1999
JURISDICTION : GEORGIA
PRINT DATE : 06/12/2002

FORM NUMBER : 211

BRIGGS S CLINE 4651 ROSWELL ROAD SUITE 401-E ATLANTA, GA 30342

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### BUCKHEAD MORTGAGE ASSOCIATES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State