

# F02000004712

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MortgageSouth Financial Services, Inc.  
(Name of corporation - must include suffix)

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:

Robbie Taylor

(Name of Person)

MortgageSouth Financial Services, Inc.  
(Firm/Company)

3029-105 Stonybrook Dr.

(Address)

Raleigh, NC 27604

(City/State and Zip code)

700007774027-5

09/16/02-01075-004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robbie Taylor

(Name of Person)

at ( 919 ) 876-8400

(Area Code & Daytime Telephone Number)

### 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

F02-4712  
QR

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.*

1. MortgageSouth Financial Services, Incorporated  
(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 3. 57-1076656  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/5/1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(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. 3029 Stonybrook Dr. Suite 105 Raleigh, NC 27604  
(Principal office address)  
3029 Stonybrook Dr. Suite 105 Raleigh, NC 27604  
(Current mailing address)
8. Mortgage 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: Barbra Belew  
Office Address: 2744 South East Eagle  
Port Saint Lucie, Florida 34984  
(City) (Zip code)

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TALLAHASSEE  
FLORIDA

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**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.*

Barbra Belew  
(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: Aaron Sine

Address: 3029 Stonybrook Dr Suite 105

Raleigh, NC 27604

Vice President: Jeffrey Mueller

Address: 3029 Stonybrook Dr Suite 105

Raleigh, NC 27604

Secretary: Cindy Lopiccolo

Address: 3029-105 Stonybrook Dr. Suite 105 Raleigh, NC 27604

Treasurer: Jeffrey Mueller

Address: 3029-105 Stonybrook Dr. Suite 105 Raleigh, NC 27604

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

13. \_\_\_\_\_

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

14. Aaron Sine, President

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

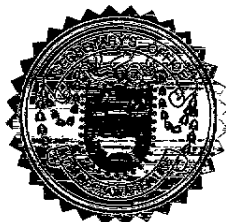
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

*The First State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORTGAGESOUTH FINANCIAL SERVICES, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2002.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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-AUTHENTICATION: 1960900

DATE: 08-29-02