

FD200 0006057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

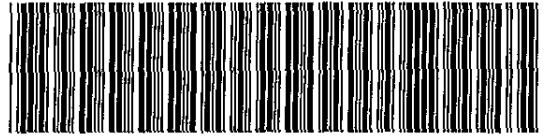
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCB Mortgage, 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:

Kathy Calderini
(Name of Person)
GCB Mortgage, Inc.
(Firm/Company)
633 Washington Avenue, Suite 201
(Address)
Newport, KY 41071
(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kathy Calderini at (859) 581-3456
(Name of Person) (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

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. GCB Mortgage, 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. Kentucky (State or country under the law of which it is incorporated) 3. 01-0559892 (FEI number, if applicable)

4. 1/11/02 (Date of incorporation) 5. perpetual (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. 633 Washington Ave, Suite 201 (Principal office address)

Newport, KY 41071 (Current mailing address)

8. Correspondent 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: David P. Cozzocrea

Office Address: 1400 Metropolitan Blvd., Suite 210

Tallahassee, Florida 32308 (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.

David P. Cozzocrea (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.

02 DEC -5 AM 11:56 AND FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Kathy Calderini, President

Address: 633 Washington Ave, Suite 201
Newport, KY 41071

Vice Chairman: Robert C. Brown, Executive Vice President

Address: 633 Washington Avenue, Suite 201
Newport, KY 41071

Director: John J. Wilson, Executive Vice President

Address: 633 Washington Ave, Suite 201
Newport, KY 41071

Director: _____

Address: _____

B. OFFICERS

President: Kathy Calderini

Address: 633 Washington Ave
Newport, KY 41071

Vice President: Robert C Brown

Address: Same as above

Secretary: Robert C Brown

Address: Same as above

Treasurer: John J Wilson

Address: Same as above

APPROVED
AND
FILED
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SECRETARY OF STATE
FELICITAS B. HARRIS

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

13. Kathy Calderini, President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kathy Calderini, President
(Typed or printed name and capacity of person signing application)



John Y. Brown III
Secretary of State

Certificate of Existence

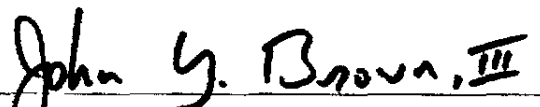
I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

GCB MORTGAGE, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 11, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19th day of November, 2002.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
JDozier/0528809