

F030000000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

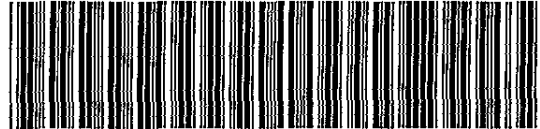
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400011156214

01/30/03--01075--002 \*\*70.00

B/L

FILED  
03 JAN 30 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





**National Registered Agents, Inc.**  
... "NRAI, the best choice for statutory representation"

FILED  
JAN 30 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 29, 2003

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, Florida 32314

RE: Affiliate Lending Corporation  
Qualification

Dear Sir/Madam,

For the purposes of qualifying the above captioned corporation, enclosed herewith is an original and conformed copy of the Application for Certificate of Authority accompanied a Delaware Certificate of Good Standing and the corporation's check in the amount of \$50.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed self addressed stamped envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Regina Clerkin  
enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Affiliate Lending Corporation  
(Name of corporation - must include suffix)

03 JAN 30 AM 10 08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Michael R. Hall

(Name of Person)

Affiliate Lending Corporation

(Firm/Company)

8200 Roberts Drive, Suite 200

(Address)

Atlanta, GA 30350

(City/State and Zip code)

For further information concerning this matter, please call:

Michael Hall

(Name of Person)

at ( 678 ) 893-0000 ext. 204

(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.

030  
JAN 30 AM 10:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Affiliate Lending Corporation**

(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**

(State or country under the law of which it is incorporated)

3. **52-2328487**

(FEI number, if applicable)

4. **May 11, 2001**

(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. **8200 Roberts Drive, Suite 200, Atlanta, GA 30350**

(Principal office address)

**8200 Roberts Drive, Suite 200, Atlanta, GA 30350**

(Current mailing address)

8. **Mortgage Broker/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: **NRAI SERVICES, INC.**

Office Address: **526 East Park Avenue**

**Tallahassee**

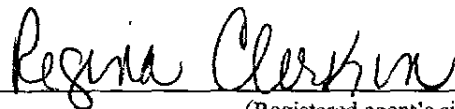
(City)

**, Florida 32301**

(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.

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

A. DIRECTORS

Chairman: N/A

Address:

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director: N/A

Address:

B. OFFICERS

President: William R. Hall

Address: 1182 Dunwoody Village Drive, Atlanta, GA 30338

Vice President: William R. Hall

Address: 1182 Dunwoody Village Drive, Atlanta, GA 30338

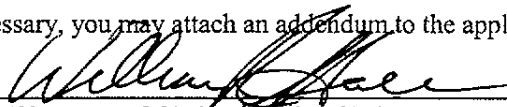
Secretary: William R. Hall

Address: 1182 Dunwoody Village Drive, Atlanta, GA 30338

Treasurer: William R. Hall

Address: 1182 Dunwoody Village Drive, Atlanta, GA 30338

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. William R. Hall, President

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

03 JAN 30 AM 10:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

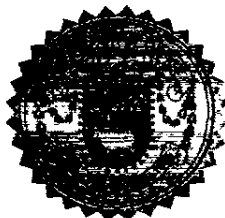
# Delaware

*The First State*

PAGE 1 03

FILED  
JAN 30 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFFILIATE LENDING CORPORATION" 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 FOURTEENTH DAY OF JANUARY, A.D. 2003.



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

3390855 8300

AUTHENTICATION: 2203898

020796240

DATE: 01-14-03