

# F03000002088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

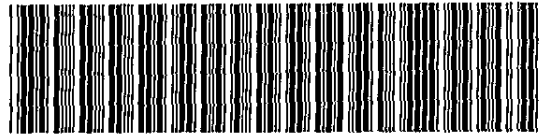
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

*BR*

FILED  
03 APR 25 PM 4:18  
TALLAHASSEE, FLORIDA

**FLORIDA COMPLIANCE SPECIALISTS, INC.**

DAVE TAYLOR, PRESIDENT

2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
www.floridacompliance.com

Office Use Only

FILED  
APR 25 PM 4:17  
TALLAHASSEE, FLORIDA**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Residential Mortgage Group of Minnesota Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in☒ Pick up time 4/28☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned KIMBERLY L. ONNEN, do hereby certify  
(Name)

that this Resolution of the Board of Directors of RESIDENTIAL MORTGAGE GROUP, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of DELAWARE

was duly adopted on 1/20/03

Be it resolved, that RESIDENTIAL MORTGAGE GROUP, INC  
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name

Residential Mortgage Group of Minnesota Inc. for use in Florida.

Dated: 1/20/03

Kimberly L. Onnen

Signature of either Chairman, Vice Chairman or any officer

KIMBERLY L. ONNEN  
Type or print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
APR 25 PM 11:11  
TALLAHASSEE, FLORIDA  
03

**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. RESIDENTIAL MORTGAGE 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. DELAWARE

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

3. 41-1798744

(FEI number, if applicable)

4. 1-12-95

(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. 6465 WAYZATA BLVD, SUITE 720 ST. LOUIS PARK, MN 55426

(Principal office address)

6465 Wayzata Blvd. Ste. 720 St. Louis Park, MN 55426

(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: Florida Compliance Specialists, Inc.

Office Address: 2331 Hansen Place

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: \_\_\_\_\_

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

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

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

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

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

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

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

B. OFFICERS

President: STEVEN M. SHERWOOD

Address: 3345 HONEYWOOD LANE, MINNETONKA, MN 55305

Vice President: SOLVEIG A. NELSON

Address: 4655 GOLDENROD LANE N, PLYMOUTH, MN 55442

Secretary: KIMBERLY L. ONNEN

Address: 9018 ASHLEY TERRACE N, BROOKLYN PARK, MN 55443

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

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

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

13. Kimberly L. Onnen  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KIMBERLY L. ONNEN, Secretary  
(Typed or printed name and capacity of person signing application)

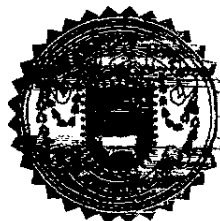
# Delaware

*The First State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESIDENTIAL MORTGAGE GROUP, 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 ELEVENTH DAY OF APRIL, A.D. 2003.

FILED  
03 APR 11 PM 4:17  
SECRETARY OF STATE  
DELAWARE



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2470166 8300

AUTHENTICATION: 2362772

030233113

DATE: 04-11-03