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TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ATLANTIC STATES MORTGAGE COMPANY OF GEORGIA
(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:
LEWIS ROBERTSON
(Name of Person)
ATLANTIC STATES MORTGAGE COMPANY OF GEORGIA (Firm/Company)
(Firm/Company)
(Firm/Company) & & & & & & & & & & & & & & & & & & &
(Address)
Mc denough Ga 30253
(City/State and Zip code)
For further information concerning this matter, please call:
LEWIS ROBERTSON at (770 - 898 9710 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 - Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

03 MAY - 1 PM 2:

IALLAHASSEE, FLO

April 24, 2003

LEWIS ROBERTSON P.O. BOX 70 STOCKBRIDGE, GA 30281

SUBJECT: ATLANTIC STATES MORTGAGE COMPANY

Ref. Number: W03000011704

We have received your document for ATLANTIC STATES MORTGAGE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

FILED

03 MAY -1 PM 2: 29

IALLAHASSEE. FLORIDA

Agnes Lunt Document Specialist

Letter Number: 803A00024933

FILED

03 MAY - 1 PM 2: 29

TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

	, do hereby certify
(Name)	•
that this Resolution of the Board of Directors of ATLANTES	TIME MORTENSE COM
(Corporate Name)	· .
a corporation duly organized and existing under the laws of the State of	of GEDRGIA.
was duly adopted on	, 2007
Be it resolved, that ARAUTIC SPATES MORTGAGE (Corporate Name	COMPANY,
organized and existing in the State of Grokork	, hereby adopts the name
ATLANTIC STATES MORTGAGE COMPANY OF	Georgia for use in Florida.
Dated: 4/30/03	
Signature of either Chairman, Vice Chairm	an or any officer
LEWIS Reported	

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO 2: 29
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
IALLAHASSEE ELODIO
1. ATLANTIC STATES MORTGAGE CONTANT
(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. GEORGIA (State or country under the law of which it is incorporated) 3. O2-0.56807.3 (FEI number, if applicable)
·
4. 3-21-02 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. LIPON 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. 2 Mucon Street Suife H McDonough Ga 30253 (Principal office address)
(Principal office address)
PO BOX 70, STOCKBRINGE, GA 30281
(Current mailing address)
8. PROVIDE LENDINGING SERVICE TO CONSUMER LMORTGAGES)
(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: Wm. BRUCE MUENCH, PA
Office Address: 438 EAST MONROE ST.
JACKSONVILLE , Florida 32202 (City) (Zip code)
(Enty)
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.

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	FILED	
Chairman:		03 MAY - 1 PM 2: 29
		TALLAHASSEE, FLORIDA
Address:		TALLAMASSEE, FLORIDA
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
STOCKBRIDGE G	A 30281	
Vice President:		
Address:		
Secretary: <u>LEWIS Roberts</u>	<i>'</i> 0/	
Address: SAME AS A		
reasurer: <u>Lewis</u> Robe <i>l 150</i> 0		
Address:	11	
NOTE: If necessary, you may attach	an addendum to the application	n listing additional officers and/or directors.
3. Thuis Go	bester	
(Signature of Chairn	·	er listed in number 12 of the application)
4. LEWIS KOBERT		
(Typed or pr	inted name and capacity of pers	on signing application)

Secretary of State Corporations Division

315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0215472FILED DATE INC/AUTH/FILED: 03/21/2002

JURISDICTION : GEORGIA_ | PM 2: 29
PRINT DATE : 04/30/2003

FORM NUMBER : 211

TALLAHASSEE, FLORIDA

ATLANTIC STATES MORTGAGE COMPANY LEWIS ROBERTSON PO BOX 70 STOCKBRIDGE, GA 30281

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 as of the above print date

TLANTIC STATES MORTGAGE COMPANY INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20030430133108095



Cathy Cox Secretary of State



GEORGIA SECRETARY OF STATE Corporations Division Suite 315, West Tower 2 Martin Luther King Jr., Drive Atlanta, Georgia 30334-1530 (404) 656-2817

> Warren H. Rary Director

CONTROL NUMBER

: 0215472

DATE INC/AUTH/FILED : 03/21/2002

JURISDICTION : GEORGIA PRINT DATE

: 04/30/2003

FORM NUMBER

: 220

BUSINESS INFORMATION PRINTOUT

This information is provided without certification from the business registration database maintained by the Secretary of State as of the print date on the following entity.

ATLANTIC STATES MORTGAGE COMPANY, INC. A DOMESTIC PROFIT COMPANY

ADDRESS:

2 MACON STREET SUITE H MCDONOUGH , GA 30253

CEO:

LEWIS ROBERTSON

SEC:

LEWIS ROBERTSON

Date of last annual registration

Status

Status Date

CFO:

LEWIS ROBERTSON

REGISTERED AGENT & OFFICE:

LARRY S. KING

STE A, 1868-A INDEPENDENCE SQ

ATLANTA , GA 30338

: 02/13/2003

: ACTIVE/COMPLIANCE

: 03/21/2002