

F02000002537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

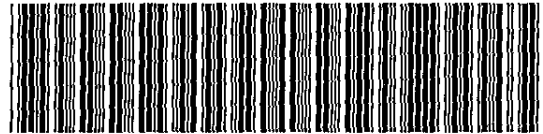
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05/21/03--01003--022 \*\*78.75

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03 MAY 20 AM 8:22  
RECEIVED  
03 MAY 20 PM 4:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B/K

**FLORIDA COMPLIANCE SPECIALISTS, INC.**

DAVE TAYLOR, PRESIDENT

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

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**1. Lakewood Home Finance Inc.  
(Corporation Name) (Document #)2. \_\_\_\_\_  
(Corporation Name) (Document #)3. \_\_\_\_\_  
(Corporation Name) (Document #)4. \_\_\_\_\_  
(Corporation Name) (Document #)☒ Walk in☒ Pick up time 5/21☐ 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

**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. LAKEWOOD Home Finance, 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. MICHIGAN 3. 36-4505817  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-22-02 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. 2627 E BELTLINE AVE SE GRAND RAPIDS MI 49546  
(Principal office address)  
2627 E. Beltline Ave. SE, Ste 310 Grand Rapids, MI  
(Current mailing address) 49546

8. Correspondent Mortgage Lender  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

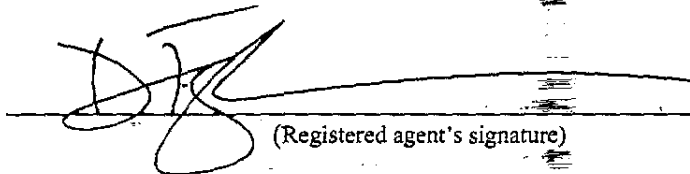
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Florida Compliance Specialists Inc.

Office Address: 2331 Hansen Place  
Tallahassee Florida 32301  
(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.*

  
(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.

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

A. DIRECTORS *N/A*

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

B. OFFICERS

President: *Michael L Whiteside*  
Address: *3121 LAKE DR EAST GRAND RAPIDS MI 49506*

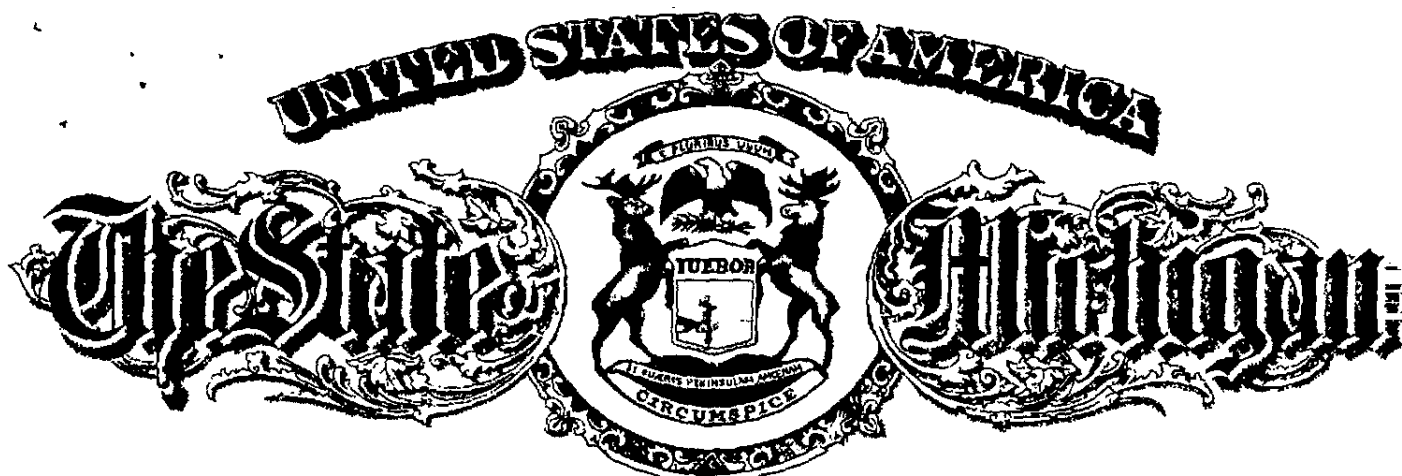
Vice President: *William G ARDY*  
Address: *2054 FEATHERY COURT, GRAND RAPIDS MI, 49546*

Secretary: *N/A*  
Address: \_\_\_\_\_  
Treasurer: *N/A*  
Address: \_\_\_\_\_

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

13. *[Signature]*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. *Michael L Whiteside President*  
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

**LAKEWOOD HOME FINANCE, INC.**

was validly incorporated on August 22, 2002, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of May, 2003.

*Andrew S. Mitchell*, Director

Bureau of Commercial Services

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03 MAY 20 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA