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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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#### TRANSMITTAL LETTER

10:	Division of C					
SUBJ	ECT: A	ersonal	Mortgag	e Manager ration - must include:	nent	
			(Name of corpor	ration - must include	suffix)	
Dear S	ir or Madam:					
"Certif	closed "Applic scate of Existes sact business in	nce", and che	eign Corporation eck are submitted	for Authorization to to register the above	Transact Br referenced	usiness in Florida", foreign corporation
Please	return all corre	espondence c	oncerning this ma	atter to the following:	· •	
	6	Prad.	Smith			
			(Nam	e of Person)		<del></del>
	<u>ter</u>	sonal	Mortgag	e Manag	emen	E, INC.
			<b>Y</b> Firm	/Company)		,
	76	o S.	Calume	+ Ave.		
			(A	ddress)	<u> </u>	25.83
_	C/	hester	ton, 1	+ Ave .  Address)  N. 46  ate and Zip code)	304	2003 HAY 28
			(City/Sta	ate and Zip code)		28 88 88
						用号 毫
For fur	ther informatio	on concerning	g this matter, plea	se call:		FLC CR
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Br	ad Sm	Th	at (_2_	19 921 - rea Code & Daytime 1	322	<u>0</u> .≥₹
	(Name of Per	rson)	(Ar	ea Code & Daytime 1	Felephone 1	Number)
crorr	ET ADDRESS			MAILING ADI	DDESS.	
	ation Section	·•		Registration Sec		
Division of Corporations				Division of Corporations		
	99 E. Gaines St. P.O. Box 6327 allahassee, FL 32314 Tallahassee, FL 32314					
1 allalla	35CC, I'L J2J7	9	-	1 ananassee, 1 L	32314	
Enclose	ed is a check fo	or the followi	ng amount:			
<b>X</b> \$70.	00 Filing Fee		5 Filing Fee & ficate of Status	☐ \$78.75 Filing Fe Certified Copy	e& 🛭	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SOBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Personal Mortgage management 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.)
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.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated)  4. 11-21-1997  (Date of incorporation)  (FEI number, if applicable)  (Perpetual  (Duration: Year corp. will cease to exist or "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(0 5 (0/1001) 21/100/100/100/100/100/100/
7. 760 S. Calumet Ave. chesterton, In. 46309 (Principal office address)
2/ - (Principal office address)
760 S. Calumet Ave. Chesterton Indiana 463c (Current mailing address)
8. Mortgage Brokering of Residential Loans
(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: Timothy Ascolani
Office Address: 413 Tower Dr.
Cape Caval
Cape Lova , Florida 33904 (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.
Alan li
- PUVI NOUMER
(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. DIRECTOR	SPOL POLLOS	1000 owne
Chairman:	Peter Bradley Smith	-Broker
Address:	718 Long Bridge Drive	<u> </u>
<del></del>	718 Long Bridge Drive Chesterton, Indiana 46304	
		and the contract of the contra
Director:		
		TO SE
.ddress:	eter Bradley Smith 1000e 712 Long Bridge Drive Chesterton, Indiana 4630	<del></del>
ice President:	The second secon	
ddress:		a
cretary:		
easurer:		
ddress:		
-11-	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	
Poto	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of LY Bradley Smith 100% Owner	the application)
1	(Typed or printed name and capacity of person signing application)	SVOKET CARCETOR

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

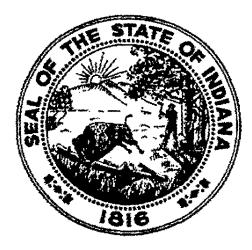
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### PERSONAL MORTGAGE MANAGEMENT, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 21, 1997, and was in existence or authorized to transact business in the State of Indiana on May 22, 2003.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of May, 2003.

TODD ROKITA, Secretary of State

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