

F03000003840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

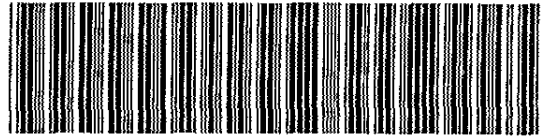
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789,310,694,547 671 *8/4*

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1003-20610



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FILED
03 AUG - 1 PM 12:49
SECRETARY OF
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

7/10/03

TO: Registration Section
Division of Corporations

SUBJECT: The MORTGAGE Solution, Inc.
(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:

Sonia A. Harvey

(Name of Person)

The MORTGAGE SOLUTION, INC.

(Firm/Company)

8955 EDMONSTON ROAD, SUITE 200

(Address)

GREENBELT, MD 20770

(City/State and Zip code)

For further information concerning this matter, please call:

Sonia A. Harvey at (301) 982 2550

(Name of Person)

(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

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SECRETARY OF
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 22, 2003

SONIA A HARVEY
8955 EDMONSTON ROAD STE. M
GREENBELT, MD 20770

SUBJECT: THE MORTGAGE SOULTION, INC.
Ref. Number: W03000020610

03 AUG - 1 PM 12:49
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE MORTGAGE SOULTION, INC. and your check(s) totaling \$70.00. 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.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 503A00042435

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TALLAHASSEE, FLORIDA

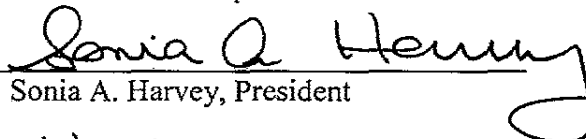
**Corporate Resolution
The Mortgage Solution, Inc.**

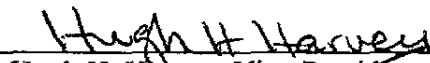
I HEREBY CERTIFY that a meeting, duly called, of the Board of Directors of The Mortgage Solution, Inc., a corporation, held the 28th day of July, 2003 at which said meeting a quorum was present and acting throughout, the following preamble and resolution was adopted and ever since has been and now is in full force and effect.

"WHEREAS" this Corporation is duly authorized and permitted by its Charter and by-laws to deal in Mortgage Brokering of residential loans.

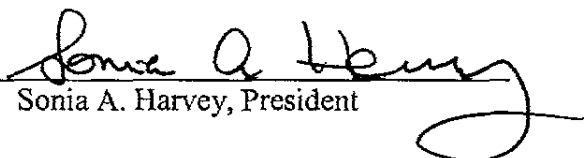
"NOW THEREFORE IT BE RESOLVED" that this Corporation duly adopted the alternate name of "The Concise Mortgage Solution, Inc." to be used in the State of Florida and that Sonia A. Harvey, President and Hugh H. Harvey, Vice President or any one of them or their successors in office, may, on behalf of this Corporation, (1) sign any documents on behalf of the Corporation; (2) make, execute and deliver under the corporate seal any and all written endorsements and documents necessary or proper to effectuate the authority hereby conferred; the written authorization of each of said officers to remain in full force and effect until written notice of the revocation thereof shall have been received by The Mortgage Solution, Inc.

I FURTHER CERTIFY that the following are the signatures of the officers (or others) authorized by the foregoing resolution to act for this Corporation.


Sonia A. Harvey, President


Hugh H. Harvey, Vice-President

In witness whereof, I have here unto set my hand of said Corporation this 29th day of July, 2003.


Sonia A. Harvey, President

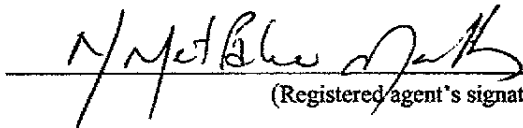
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. The MORTGAGE SOLUTION, 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. MARYLAND 3. 30-0179633
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-28-2003 5. 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. 8955 Edmonston Rd, # M, Greenbelt MD 20770
(Principal office address)
- 8955 Edmonston Rd, # M, Greenbelt MD 20770
(Current mailing address)
8. MORTGAGE BROKERING
(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: Novlet P. Mattis
- Office Address: 301 Woodstead LN
Longwood, FL., Florida 32779
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Sonia A. Harvey

Address: 8955 Edmonston Road, suite M, Greenbelt Maryland 20770

Director: Hugh H. Harvey

Address: BPA & Assoc. 401 CenterPointe Cir., suite 1501
Altamonte Springs, Fl 32701

B. OFFICERS

President: Sonia A. Harvey

Address: 8955 Edmonston Road, M Greenbelt Maryland 20770

Vice President: Hugh H. Harvey

Address: BPA & assoc, 401 Centerpointe Cir, suite1501
Altamonte Springs, Fl 32701

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Sonia A. Harvey*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sonia A. Harvey
(Typed or printed name and capacity of person signing application)

FILED
03 AUG - 1 PM 12 49
TALLAHASSEE FLORIDA

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE MORTGAGE SOLUTION, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 28, 2003.

Paul B. Anderson

Paul B. Anderson
Charter Division

