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•						
, (Requestor's Name)						
(Address)						
, ,						
(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:						
Special instructions to Filing Officer.						





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-						
SUBJECT:Triple Crown Mortgage, 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:							
Stephen Levy							
(Name of Person)	•						
Form-A-Corp LLC							
(Firm/Company)							
100 Village Square Crossing, Suite 103	r						
(Address)	증						
Palm Beach Gardens, FL 343410-4531	· ' ;						
(City/State and Zip code)							
For further information concerning this matter, please call:							
Stephen Levy at (561) 207-6230	•						
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: S70.00 Filing Fee S78.75 Filing Fee & \$78.75 Filing Fee & \$78.75 Filing Fee,							
Certificate of Status Certified Copy Certificate of Status Certified Copy	&						

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. TRIPLE C	CROWN MORTGAGE, INC.			
words or abbre	oration; must include the word "INCORPOR viations of like import in language as will cloor partnership if not so contained in the nam	early		
2. Kentucky		3.		<u>,, , , , , , , , , , , , , , , , , , ,</u>
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)	_
4. October	30, 1998	5	Perpetual	`
<u>— (Da</u>	te of incorporation)	. ~-	Perpetual (Duration: Year corp. will cease to exist or "perpetual")	_ ·
₆ Upon Qu	alification			<u>+</u> 4
·			transacted business in Florida, insert "upon qualification.", 607.1502 and 817.155, F.S.)	"
₇ 1084 Ne	w Circle Road, Suite 300, Lexingt	on,	KY 40505	, 1
·	(Principal office	addı	ress)	_ `. '`
1084 Ne	w Circle Road, Suite 300, Lexingt	on,	KY 40505	i his ;
	(Current mailing	addı	rcss)	
8. Mortgage	loan broker and mortgage loan co	omp	pany.	 <u></u> 44
(Purpose	(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	()
Name:	Form-A-Corp LLC			
Office Address:	100 Village Square Crossing #1	03		
	Palm Beach Gardens		, Florida 33410-4531	
	(City)		(Zip code)	⇔
10 Registered	agent's acceptance:		. ـ . الأحمر	
_	-	aproi	ce of process for the above stated corporation at th	a niaca

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.

By: (Stephen Levy, Manager)

(Registered agent's signature)

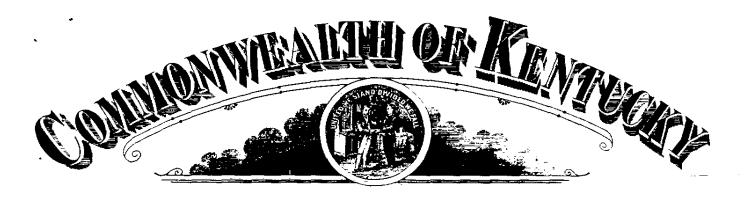
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Ben M. Donaldson II 1084 New Circle Road, Suite 300 Address: Lexington, KY 40505 Vice Chairman: Address: Joel L. Anderson Director: 1084 New Circle Road, Suite 300 Address: Lexington, KY 40505 Ben Donaldson Director: 1084 New Circle Road, Suite 300 Address: Lexington, KY 40505 **B. OFFICERS** Ben M. Donaldson II President: 1084 New Circle Road, Suite 300 Address: Lexington, KY 40505 Joel L. Anderson Vice President: 1084 New Circle Road, Suite 300 Address: Lexington, KY 40505 Ben Donaldson Secretary: 1084 New Circle Road, Suite 300, Lexington, KY 40505 Address: Ben Donaldson Treasurer: 1084 New Circle Road, Suite 300, Lexington, KY 40505 Address: may attach an addendum to the application listing additional officers and/or directors. NOTE: If necess

ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Joel L. Ahderson (Vice-President)



John Y. Brown III Secretary of State

Certificate of Existence

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TRIPLE CROWN MORTGAGE, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is October 30, 1998 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18th day of August, 2003.

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John G. Brown, II

John Y. Brown III Secretary of State Commonwealth of Kentucky JDozier/0464134