

Oct 06 03 01:22p
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A I A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

FOREIGN PROFIT QUALIFICATION

LUXOR INVESTMENT & LOAN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing

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DIVISION OF CORPORATIONS

JP
10-6-03

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. **TRISTAR MORTGAGE SERVICES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LUXOR INVESTMENT & LOAN, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **GEORGIA**

(State or country under the law of which it is incorporated)

3. **60-0001341**

(FEI number, if applicable)

4. **12/17/01**

(Date of incorporation)

5. **PERPETUAL**

(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. **3454 ROCK CREEK DRIVE REX, GEORGIA 30273**

(Principal office address)

SAME

(Current mailing address)

8. **MORTGAGE BROKERAGE**

(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: **A1A REGISTERED AGENT INC.**

Office Address: **92 SADBERRY ROAD**

QUINCY

(City)

Florida **32351**

(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.

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

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SECRETARY OF STATE
ALBANY, N.Y.

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A. DIRECTORS

Chairman: **TAMEKA C. STARR**

Address: **142 SAINT MARKS DRIVE**
STOCKBRIDGE, GA 30281

Vice Chairman: _____

Address: _____

Director: **TAMEKA C. STARR**

Address: **142 SAINT MARKS DRIVE**
STOCKBRIDGE, GA 30281

Director: _____

Address: _____

B. OFFICERS

President: **TAMEKA C. STARR**

Address: **142 SAINT MARKS DRIVE**
STOCKBRIDGE, GA 30281

Vice President: _____

Address: _____

Secretary: **PATRICIA A. WHITE**

Address: **3454 ROACK CREEK DR. REX, GEORGIA 30273**

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. **TAMEKA C. STARR**

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

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TAMEKA STARR

PAGE 05

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0156296
DATE INC/AUTH/FILED: 12/17/2001
JURISDICTION : GEORGIA
PRINT DATE : 10/03/2003
FORM NUMBER : 211

TRISTAR MORTGAGE SERVICES INC.
TAMEKA STARR
3454 ROCK CREEK DRIVE
REX, GA 30273

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

TRISTAR MORTGAGE SERVICES, INC.
A GEORGIA PROFIT CORPORATION

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.

20031003152402000



Cathy Cox
Cathy Cox
Secretary of State

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