

F03000005210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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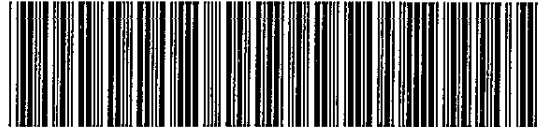
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trusted Mortgage Company, 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:

James Maronde, President

(Name of Person)

Trusted Mortgage Company, Inc.

(Firm/Company)

4115 26th Street NW, Suite 102

(Address)

Rochester, MN 55901

(City/State and Zip code)

For further information concerning this matter, please call:

~~John Nichols~~

(Name of Person)

at

507 289-5821  
507 280-1973

(Area Code & Daytime Telephone Number)

*Mike Zinner*

**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

**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. Trusted Mortgage Company, 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. Minnesota 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 2, 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. 4115 26th Street NW, Suite 102, Rochester, MN 55901  
(Principal office address)  
4115 26th Street NW, Suite 102, Rochester, MN 55901  
(Current mailing address)
8. Broker residential first mortgage 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: Agents and Corporations, Inc.  
Office Address: 773 4th Avenue N.  
Naples, Florida 34107  
(City) (Zip code)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

**A. DIRECTORS**

Chairman: (see attached)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: (see attached)

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.

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

14.

James Maronde, President

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

**OFFICERS:**

**James Maronde, President**

Name/Title

4115 26th St. NW, Rochester, MN 55901

Address

**Brad Erpelding, EVP**

Name/Title

7100 Northland Cir., Ste. 402, Brooklyn Park, MN 55428

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

**DIRECTORS:**

**James Maronde, President**

Name

4115 26th St. NW, Rochester, MN 55901

Address

**Brad Erpelding, EVP**

Name

7100 Northland Cir., Ste. 402, Brooklyn Park, MN 55428

Address

**Dan DeLozier**

Name

4141 38th St. SW, Ste. E2, Fargo, ND 58104

Address

**Dan Seidel**

Name

4162 Ethan Dr., Eagan, MN 55123

Address

**Tom Larson**

Name

119 S. Broad St., Mankato, MN 56001

Address

Name

Address

Name

Address

Name

Address

Name

Address

Please Copy this page and submit additional pages if needed.

State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

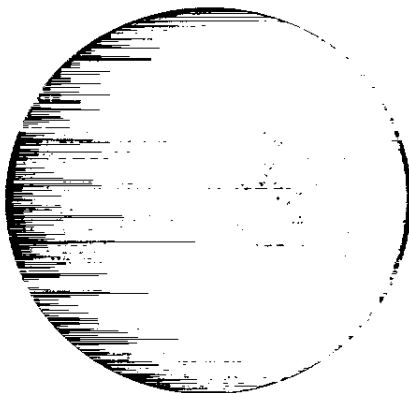
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Trusted Mortgage Company, Inc.

Date Formed: 05/02/2003

Chapter Governed By: 302A

This certificate has been issued on 09/03/03.



*Mary Kiffmeyer*  
Secretary of State.