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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

10:	Division of Corporations									
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Dear S	ir or Madam:									
"Certif		tion by Foreign Corpo ce", and check are sub Florida.								
Please	return all corresp	pondence concerning	his matter	to the following:						
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	-		(Name of	Person)	=		<u> </u>	_ }_		
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			(Firm/Co	npany)			1.72			
38	350 Holcom	b Bridge Rd.	Suite_	#432		2 1 00	-1, 2, .	PH.		
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For fur	ther information	concerning this matte	r, please c	all:						
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E,	J. Park	at	770	_) 234-0808		=-	·			
	(Name of Person	on)	(Area C	Code & Daytime To	elephone N	Number)				
Registr Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclose	ed is a check for	the following amount	:	-	\ /					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy								s &		

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.

		Y HOME LOAN, IN		_			<u>:</u>			
W	ords or abbrev	ration; must include the wor riations of like import in land	guage as will cle	arly indica	te that it is a					
na	iturai person o	r partnership if not so conta	ined in the name	at present	.)		·			
2	GEORGI	A		3. 58	~257113	34.	2007 ·			
(St	tate or country	under the law of which it is	incorporated)	_	(FE	number, it	applicable)) .		<i>:</i> ·
4	7/2 5 /0	0 🚐 . 👵		5.	perpeti	ial	.=: 		<u>'</u>	,
	(Dat	e of incorporation)		(Dura	tion: Year co	orp. will ce	ase to exist	or "perpet	ual")	
6		Upon Qualif					<u> </u>			•
(Da	ate first transa	cted business in Florida. If (SEE SE	corporation has a CTIONS 607.15				insert "upor	a dnamica CC CC	tion.")	
7	_3850_H	olcomb Bridge R (I	d. Suite rincipal office a	432, ddress)	Norcros	s, GA	30092	HAS.	A	77
	3850 H	olcomb Bridge R	d. Suite	432	Norcros	s, GA	30092		\sim	N. Carrie
		((Current mailing a	ddress)				- 14	-	1
				-				LOA A		
8		rtgage Broker E		-	 	<u> </u>	<u> </u>	55	9	
	(Purpose(s) of corporation authorized	in home state or	country to	be carried or	ut in state c	f Florida)	#2,		
9. N :	ame and <u>str</u>	<u>eet address</u> of Florida r	egistered agen	it: (P.O. 1	3ox or Mail	Drop Box	NOT acc	eptable)		
	Name:	Andrew Park				· -	-			
Offic	e Address:	13707 Sunshow	er Cir.					÷.		
		Orlando			Florida	2828	 			
		(City)		,		(ip 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.

A. DIRECTO	ORS		_							
Chairman:	Daniel J. You		-			· ·				
Address:	3850 Holcomb Bridge	Rd.	, Suite	432	<u></u> سي	· ·				
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Vice Chairman:		_='-				보 교 보	22.4			
Address:		<u> </u>								
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Director:	Angie S. You	<u> </u>			-: <u>.</u>			; <u></u>	,	
Address:	3850 Holcomb Bridge	Rd.	, Suite	432		<u> </u>				
	Norcross, GA 30092	P .			977 124		SEC	40		
Director					Ξ	<u>\$</u>	AT.	S N	77	
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Address:			_			ir. a	771	P	m	
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B. OFFICER	S		 ≇					0		
President:	Daniel J. You				e service of the serv		` `			
Address:	3850 Holcomb Bridge	Rd.	, Suite	432			·			
	Norcross, GA 30092									
Vice Duncidents						- - 				
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Address:						_ <u>_</u>		 -	 -	
-,-·,-			***					· · ·	·	
Secretary:	E.J. Park						, 			
Address:	3850 Holcomb Bridge	Rđ.	Suite 4	132,	Norcross	GA	30092			
Treasurer:						سيو - چه				
Address:	-				<u> </u>					
- Sources,										
NOTE: If nece	essary, you may attach an addend	um to t	he application	ı listing	g additional off	icers ar	nd/or direct	ors.		
13	Don				- •	李 紫				
	(Signature of Director or Officer	listed	in number 12	of the	application)		·			
14.	Daniel J. You			=	· •	ji	- - -			
· · ·	(Typed or printed name and capacity of person signing application)									

Secretary of State

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

CONTROL NUMBER : 0033257 DATE INC/AUTH/FILED: 07/25/2000 JURISDICTION : GEORGIA : 12/22/2003 : 211 PRINT DATE

FORM NUMBER

INFINITY HOME LOAN, INC E.J PARK 3850 HOLCOMB BRIDGE RD. SUITE 432 NORCROSS, GA 30092

CERTIFICATE OF EXISTENCE

te of Georgia, do hereby certif I, Cathy Cox, the Secretary t date under the seal of my office

is in compliance wi gistration provision: of Title 14 of the Official Code of Georgia

d above of was authorized to nd has not filed articles of herosimilar document with the Said entity was transact business in Georgi dissolution, certificate of co Office of the Sectorary of Sta incellation

This certificate relates only as of the print date above. existence of the above-named entity certify whether or not a notice of drawal, a statement of commencement It does not above. application fo intent to dissolve, has been tiled or is pending with document of winding up or any the Secretary of State

information is issued and certified This 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.

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Secretary of State