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TRANSMITTAL LETTER

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SUBJEC'	т:	sc	MORTGA	65 ,1	NC.					
,cbc2c			(Name o	f corpora	tion - m	ust includ	le suffix)			
Dear Sir o	r Madam:									
"Certificat		e", and	Foreign Corp d check are sul							
Please retu	ırn all corres	ponder	ice concerning	this mat	ter to th	e followii	ng:			
			James	In	Norri	5				
				(Name	of Pers	on)				
			Sc Me	PRT 6 A	6 E ,	INC.				
	,		SC MY	(Firm/C	Compar	y)				
			3321	Forest	Drae	, Sust	e l			
			3321	(Ac	ldress)					
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For further	r information	once	erning this mat					-		
,	Ion Nor	445	at	(188)_	220.	1996			
(1)	Name of Pers	on)					ne Telepho	one Numb	er)	
Registration of the desired th	ADDRESS: on Section of Corporatio ines St. ee, FL 32399	ns		-	Re Di P.0	gistration vision of 0). Box 63	Corporatio	ns		
	·				1 (4.		- ~ 3231-	•		
Enclosed i	is a check for	r the fo	llowing amou	nt:						
570.00	Filing Fee	0 \$	78.75 Filing I Certificate of			3.75 Filing	_	Cert	50 Filing ificate of ified Cop	Status &

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.

	SC MORTGAGE, INC	•		
(Enter name of	corporation; must include "INCORPORAT	ED," "	COMPANY," "CORPORATION,"	
inc., Co., C	corp, me, co, or corp.)			
(If name unavai	lable in Florida, enter alternate corporate n	ame ado	pted for the purpose of transacting business in Florida)	
South	Caralina	3	20-0108232	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
1 2 3 3	Jul 2003	5.	Perpetual	
		(E	Perpetual")	
5.	upon Qualification			
(Date first transa	acted business in Florida. It corporation ha		nsacted business in Florida, insert "upon qualification.")	
	· ·		7.1502 and 817.155, F.S.)	
7. 4567	Red Bork Lene, Suite + (Principal office	address	chsonume FL, 31246	
<u> </u>	Forest Drive, Saite L, Co	address)	
3	Residential mortgage 1 (s) of corporation authorized in home state	-endi	ng	_
(Purpose((s) of corporation authorized in home state	or count	ry to be carried out in state of Florida)	
9. Name and <u>str</u>	<u>eet address</u> of Florida registered age	nt: (P.	D. Box or Mail Drop Box NOT acceptable)	بمانية -
Name	Robert E. Hubert			Eastate parame
Humer		z e1.		· · · · ·
Office Address:	Robert E. Hubert 4567 Reed Berk Lene,	>v+€	- <u>7</u> - 1	Ü
	Jachson ville, FL (City)			
	(City)		(Zîp code)	
10. Registered a	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:		<u> </u>	·	* 12"	<u> </u>		
Address:		<u> </u>	<u>-</u>		<u> </u>	<u> </u>	-
Vice Chairman:			<u>-</u>		.· · · ·	·	
Address:					<u> </u>	·	
			·	<u> </u>			The second secon
Director:					Liles 6		i parame
Address:							
71001000	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Division		<u></u>	ę s	- <u> </u>			
Director:		<u> </u>	· · · · · · · · · · · · · · · · · ·	. <u> </u>	<u></u>		
Address:		<u> </u>				<u> </u>	
<u></u>	- :	<u></u>		<u> = =</u>	<u> </u>	<u></u>	
B. OFFICERS							
President: James Faw N		<u>,</u>	-				ت المسلم
Address: 600 Woodron	u st , unit	<u> </u>		2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1		·	- 湖天平
columbia sc	29205	<u> </u>			<u></u>	· 	<u> 1887 - 1</u>
Vice President:			·		<u> </u>	:	
Address:			<u></u>	. <u>.</u>		<u> </u>	
Secretary:					• .		
Address:			·.	· .			
		· · · · · · · · · · · · · · · · · · ·	<u>.</u>				
Address:		<u></u> <u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>			
Address.	-			· ·			
NOTE: If necessary, you may at	tach an addendum t	o the application	on listing a	dditional offi	cers and/or	directors.	
1			_				·
Signature of Dire	ector or Officer liste	ed in number 1	2 of the ap	plication)			i ,_ .
14. James A	on Norris	. <u> </u>		λ. <u> </u>			<u></u>
(Typed o	r printed name and	capacity of per	rson signin	g application)		

The State of South Carolina



Office of Secretary of State Mark Hammond Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SC MORTGAGE, INC.,

a corporation duly organized under the laws of the State of South Carolina on **July 24th**, **2003**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 2nd day of March, 2004.

Mark Hammond

Mark Hammond, Secretary of State