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_____
(Requestor's Name)

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(Address)

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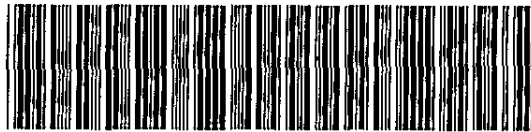(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 11 PM 4:01

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ EQUIMAX LENDING, 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:

YENLINH T NGUYEN
_____
(Name of Person)

EQUIMAX LENDING INC
_____
(Firm/Company)

3521 LAKE AVENUE, SUITE 5
_____
(Address)

FORT WAYNE, IN 46805
_____
(City/State and Zip code)

For further information concerning this matter, please call:

YEN NGUYEN _____ at (260) 422-9740 _____
(Name of Person)   (Area Code & Daytime Telephone Number)

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. <u>EQUIMAX LENDING, INC.</u>
    (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

    <u>N/A</u>
    (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. <u>INDIANA</u>   3. _____
    (State or country under the law of which it is incorporated)   (FEI number, if applicable)

4. <u>10/24/03</u>   5. <u>PERPETUAL</u>
    (Date of incorporation)   (Duration: Year corp. will cease to exist or "perpetual")

6. <u>UPON QUALIFICATION</u>
    (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. <u>3521 LAKE AVENUE, SUITE 5, FORT WAYNE, IN 46805</u>
    (Principal office address)

    <u>3521 LAKE AVENUE, SUITE 5, FORT WAYNE, IN 46805</u>
    (Current mailing address)

8. <u>MORTGAGE BROKER BUSINESS</u>
    (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and <u>street address</u> of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

    Name: <u>MARK MARRAZZO</u>

    Office Address: <u>430 COVE TOWER DRIVE, #303</u>

    <u>NAPLES</u>   , Florida <u>34110</u>
    (City)   (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:

A. DIRECTORS

Chairman: SAME AS BELOW

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: THOMAS W PERRY

Address: 3211 BRILL ROAD

INDIANAPOLIS, IN 46227

Vice President: STEVEN M ROY

Address: 525 MISTY MORNING DRIVE

FLUSHING, MI 48433

Secretary: YENLINH T NGUYEN

Address: 407 SUNRISE COURT , FORT WAYNE, IN 46825

Treasurer: KELLY M JONES

Address: 4519 DENALI COVE, FORT WAYNE, IN 46845

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. YENLINH T NGUYEN, SECRETARY, OPERATIONS MANAGER
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

EQUIMAX LENDING, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 24, 2003, and was in existence or authorized to transact business in the State of Indiana on June 02, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.
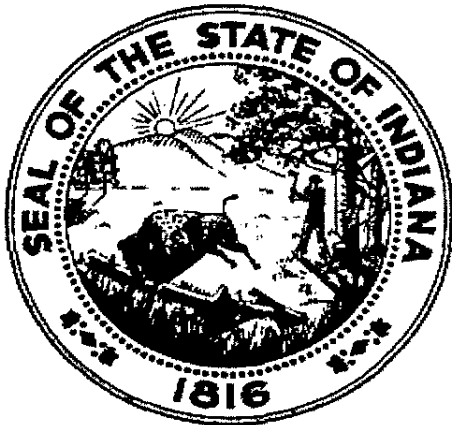
In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of June, 2004 .
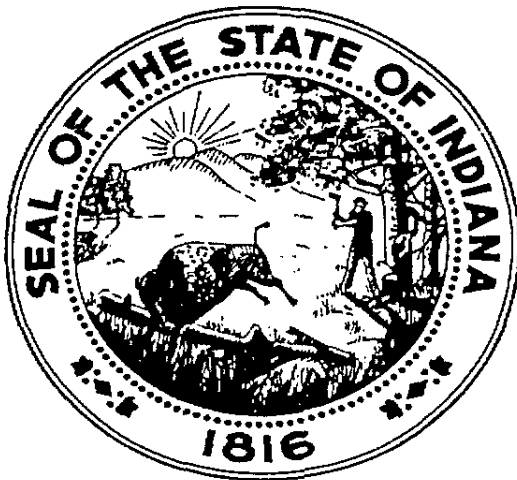
TODD ROKITA, Secretary of State

2003102700445 / 2004060299973

State of Indiana
Office of the Secretary of State

CERTIFICATE OF INCORPORATION

of

EQUIMAX LENDING, INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, October 24, 2003.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 24, 2003.

TODD ROKITA,
SECRETARY OF STATE

2003102700445 / 2003102755849