F04000604319

(1	Requesto	or's Name)		
	Address)		- <u></u>	
(/	Address)			
(0	City/State	:/Zip/Phone	#)	
PICK-UP		WAIT	MAIL	
	Business	Entity Nam	ne)	
(E	Documer	t Number)		
Certified Copies	(Certificates	of Status	
Special Instructions t	o Filing (Officer:		
intipppy alue				
neutran t	خم - <u>د نور</u>			
The state of the s	~ ~Offic	e Use Only	•	
Constitution	• • • • • • • • • • • • • • • • • • • •			
Astinoutue_scient	LUU			
ur B Varifyor	Lie C	1.		



100038078061

07/09/04--01041--005 **70.00

101 27 28 P 2:15

ファカ

TRANSMITTAL LETTER

то:	Registration S Division of Co							
SUBJ	ECT:	Quality M	ortgag	e, Inc.				
				n - must include si	uffix)			
Dear S	ir or Madam:							
"Certif	iclosed "Applica ficate of Existen at business in Flo	ation by Foreign Corpor ce," and check are subrorida.	ation for a	Authorization to Tegister the above r	ransact B eferenced	usiness in foreign c	Florid orpora	a," tion to
Please	return all corres	pondence concerning t	his matter	to the following:				
	Lore	en Brown						
			(Name of	Person)				
	Qua:	lity Mortgage,	Inc.			<u> </u>		
•			(Firm/Cor	npany)				
	317	6th Ave SE				<u> </u>	2	
			(Addr	ess)		[49]	-63	
	Osse	eo, Minnesota	55369			735±	्रिड	4 1
	·	(C	ity/State a	nd Zip code)		0323	20	
						<u>.</u>	U	
For fu	rther information	n concerning this matter	r, please ca	all:		, ,	Ċ	لسيد
						* .	2	
	Loren Brow	vn at (763) 424-433 Code & Daytime T	19			
	(Name of Per	son)	(Area C	Code & Daytime T	elephone	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					
Enclos	ed is a check for	r the following amount:						
X \$70	.00 Filing Fee	S78.75 Filing Fee Certificate of St		\$78.75 Filing Fee Certified Copy	e& 🗆	\$87.50 l Certific Certific	eate of	Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2004

LOREN BROWN QUALITY MORTGAGE, INC. 317 6TH AVE SE OSSEO, MN 55369

SUBJECT: QUALITY MORTGAGE, INC.

Ref. Number: W04000026915

We have received your document for QUALITY MORTGAGE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 304A00045119

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.	Quality Mortgage, Inc.		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")		
	Ouality Mortgage Financial Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.)	ss in Flo	rid a)
2.	Minnesota 3. 41-1973888		
	Minnesota 3. 41-1973888 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	April 14, 20005. N/A		
	April 14, 2000 5. N/A (Date of incorporation) Curation: Year corp. will cease to exist or	"perpetu	al")
6.	N/A		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7.	317 6th Ave SE Osseo, MN 55369	78 5	
	(Principal office address)	<u></u>	
	317 6th Ave SE Osseo, MN 55369	i™ (•3	ويىنىڭ چە
	(Current mailing address)	8	
		U	
8.	Mortgage Broker Business	زن	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	5	
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
	Name: Barry Asman		
Oi	ffice Address: 354 N. Cypress Drive Ste 10		
	TequestA , Florida 33469		
	(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.

(Registored 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:	Loren Brown		
	317 6th Ave SE		
	Osseo, MN 55369		
Vice Chairman:	Loren Brown		
Address:	317 6th Ave SE		
	Osseo, MN 55369		
Director:	Loren Brown		
	317 6th Ave SE		
	Osseo, MN 55369		
Director:	Loren Brown		
Address:	317 6th Ave SE		
	Osseo, MN 55369		
B. OFFICERS			
President:	Loren Brown	22	
	317 6th Ave SE	T E	<u></u>
	Osseo, MN 55369	2: [
Vice President:	Loren Brown	. 01	
Address:	317 6th Ave SE		
	Osseo, MN 55369		
Secretary:	Loren Brown		
Address:	317 6th Ave SE Osseo, MN 55369		
Treasurer:	Loren Brown		
Address:	317 6th Ave SE Osseo, MN 55369		
NICOTOR IC		.00	
NOTE: If necess	sary, 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 appli-	ecation)	
14	Loren Brown	•	
	(Typed or printed name and capacity of person signing applica	tion)	

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

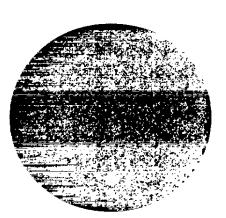
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: Quality Mortgage Inc.

Date Formed: 04/28/2000

Chapter Governed By: 302A

This certificate has been issued on 07/06/04.



Mary Kiffneyer Secretary of State.