# F04000004881

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WOW-30501 WY7,6441113
May 101 BUT 11

Office Use Only



400039939754

08/09/04--01040--022 \*\*87.50

04 AUG 20 AH 7: 49



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 10, 2004

LAWRENCE D. HENSLEY #218 THE APOTHECARY 140 N. 8TH ST. LINCOLN, NE 68508

SUBJECT: TRADEWINDS CAPITAL MORTGAGE INC.

Ref. Number: W04000030501

We have received your document for TRADEWINDS CAPITAL MORTGAGE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please list the complete principal's office address. This address must be a street address; a post office box 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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 704A00049609

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TradeWinds Partal Mortanes. (Name of corporation - must include suffix)	Inc
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence," and check are submitted to register the above referent transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
LAWRENCE D HENSLEY	
(Name of Person)	<del></del>
Tonda Winds CAPITAL Mortange,	INC
(Firm/Company)	
#218 The HPOTHECARY 140 N. 8M	<u>St</u>
(Address)	
LINCOLN NE 68508	
(City/State and Zip code)	
For further information concerning this matter, please call:	
LAWRENCE D HENSLEY at 402, 474-97	<u> </u>
· (Name of Person) (Area Code & Daytime Teleph	one Number)
STREET ADDRESS: MAILING A	DDRESS:
Registration Section Registration S Division of Corporations Division of Co	
409 E. Gaines St. P.O. Box 6323	
Tallahassee, FL 32399 Tallahassee, F	L 32314 + FE
Enclosed is a check for the following amount:	58. gr
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status	\$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. (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) POTHECARY 3 mac (Current mailing address) (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 NOT acceptable) Name: Office Address: , 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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

tary:  O4 NG COT FGRATI	IRECT											
Chairman:  SSS:  S	man:	,				-			<del></del>		<del></del>	
Chairman:  SSS:  SOC:  SSS:  SEFFICERS  Sent: LAWRONCE, D. HEMS/EY  LONG OWNER  LONGOUN, NIE (08572  President:  SSS:  S								,			-	
Chairman:  SSS:  S	35.	345	- 1. 3. A. T T T T T T T				1 .	<del></del>		<u> </u>		
Chairman:  SSS:  S							<u> </u>	<del></del>				· 
TOT:  SESS:  SES			**************************************					,				
SSS:  SFFICERS  SENSE FOLLOW HENS BY  Lyncoln, NE 108572  President:  127:  128:  129:  120:  12	Chairmar	: <del></del>		· .	*_=			<u>, t <del>-</del></u>		<u> </u>		<del>,</del>
tor:  SSS:  SFFICERS  Jent: LAWRINGE, D. HENSLEY  JOS, Owner  SSS:  President:  President:  SSS:  UNCOUN. NIE (08572)  President:  SSS:  UNCOUN. NIE (08572)  SSS:  UNCOUN. NIE (08572)  SSS:  UNCOUN. NIE (08572)				, -				_ == :	-	:		
tor:  Sess:  SEFFICERS  Sent: LAWRANCE D. HENSLEY  LUNCOLM, NIE (08572)  President:  Lary:  Sess:  S	.33.	t item			· - <del>-</del>		7		<del> نسن</del>			
tor:  Sess:  SEFFICERS  Sent: LAWRANCE D. HENSLEY  LUNCOLM, NIE (08572)  President:  Lary:  Sess:  S		<del></del>									-:	
TOPPECERS  Sent: LAWRANCE D. HEMS/RY  LONGOUNG HILLS BULL  Longoun, NIE (08572  President:  255:  255:  255:  257:  258:							•					
FFICERS  Hens / President:  Description:  De	tor:	- <del> </del>			<u> </u>	· ·	<u> </u>	<u> </u>	<del></del>	<u> </u>		<u> </u>
FFICERS  Jent: LAWRONCE, D. HEMS/RY  JOSH OWNER  LINCOLD, NIE (08572  President:  1885	·. >cc·							, ·				
FFICERS  Sent: LAWRANCE D. HENSLEY  SSS: SAW ROWNG HILLS BUNG  Lycoln, Nie (08572  President:  SSS:  S						, =	÷.					
FFICERS  Hent: LAWRONCE D. HENS/EY  LUNCOLM, DIE (08572  President:  1885:  188			and the second s		<u> </u>	<u> </u>	<u> </u>	<u> </u>				
FFICERS  Jent: LAWRONCE, D. HEMS/RY  JOS/ Olymph  1885: \$900 Rowing HILLS BIWL  Lyncolin, NIE (08572)  President:  1885:	•	•					J .					
FFICERS  ent: LAWRONCE D. HEMS/RY  ss: 5900 ROWING HILLS 13/W  Loncoln, NIE 108572  President:  ss:  ary:  ss:  100% Olympa	or:			<u></u>	<del></del>	<del>-</del>			· ·	41,		<del>-</del>
FFICERS  ent: LAWRONCE D. HEMS/RY  ss: S900 ROULING HILLS 13 (124  Longolin, DIE (08572)  President:  ss:  ary:  ss:  urer:								• •				
ent: LAWRONCE, D. HEMS/RY  Loncoln, NIE (68572)  President:  SS:  Of Control  Of Charles  Of Control  Of Control  Of Charles  Of Control  Of Control  Of Control  Of Charles  Of Control		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;						<u> </u>				
ent: LAWRONCE, D. HEMS/RY  ss: S900 ROWING HILLS 13/W  Loncoln, DIE (08572)  President:  ss:  ary:  ss:  ary:  ss:  ary:				* 1		, N .	- s -		، ويت		**	· • • • <u>/</u> •
President:  Out of the stary:  Description of the stary o	lent: $\angle$	Awten								0%	ow _	yr P
tary:  Out of Court o	lent: $\angle$	Aweono 5900 R	oung	HILLS	30				<i>[[]</i>	0%	<u> </u>	ya D
tary:  O4 US TO THE FEB. 13.  AND CATE OF CONTROL OF CO	lent: $\angle$	Aweono 5900 R	oung	HILLS	30					-	<u> </u>	YR A
ary:  O4 UG CCC FGRATIC  SS:  URET:	ent: 4	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30					20%	<u> </u>	YR R
urer:	ess:	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30						<u>Ow</u>	ya A
urer:	ent: L	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30					20%	<u> </u>	YR A
ss:	ent: 4	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30						Ow 104	YRA SE
ss:	ent: 4	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30						O4, AU	SELVIN SE
irer:	resident	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30						9U 10	YEAR SELECTION OF THE S
	resident	AWEDAL 5900 R McOU	OULUNG 1. NIE	HILLS	30						04, AUG 2	SELATION OF GO
•• <u>-</u>	ent: La	Awkana 900 R Mcolu	OULUNG 1. NIE	HILLS	30						04, AUG 2	PANAL SECULO COLE
ss:	ent: 4	Awkana 900 R Mcolu	DUCING NIE	HILLS	30						04, AUG 2	SECRE LA COLFGE
	resident ss: ary:	Awkana 900 R Mcolu	DUCING NIE	HILLS	30						04, AUG 2	DIVISION OF COLFGRA
	President  ess:  arry:  ess:	AWEDAL GOOD RI MOOU	OCCUMG NIE	HILLS	30						04, AUG 2	DIVISION OF COURCEAS
	resident ss: ary: ss: ss: ss:	AWEENE 900 R	DULUNG NIE	11/65	30	M.					04 AUG 20 AH 7: 49	DIVISION OF CORFORM 10 40
E. It necessary, you may attach an academora to the approach institus according officers are or directors.	President  President  President  President  President  President  President  President  President  President	AWEENE 900 R	DULUNG NIE	11/65	30	M.					04 AUG 20 AH 7: 49	DIVISION OF COLFORATIONS
Tay Kome Acras	resident ss: ary: ss: ss: ss:	AWEENE 900 R	DULUNG NIE	11/65	30	M.					04 AUG 20 AH 7: 49	SECRE OF COLFORATIONS
tay from Herely	President  President  President  President  President  President  President  President  President	AWEDNE 900 R MCOU	may attach an	HILLS	n to the ap	oplication	listing add	litional of	ficers an		04 AUG 20 AH 7: 49	SECRE OF COLFORATIONS
E: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  (Signature of Director or Officer listed in number 12 of the application)  ADRONCE D. Hensey	President  President  President  President  President  President  President  President  President	AWEDNE 900 R MCOU	may attach an	addendum	n to the ap	oplication?	listing add	litional of	ficers an		04 AUG 20 AH 7: 49	SECRETARION OF COLFGRATIONS

## STATE OF



**NEBRASKA** 

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

## TRADEWINDS CAPITAL MORTGAGE, INC.

was duly incorporated under the laws of this state on December 30, 1992 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on August 19, 2004.



SECRETARY OF STATE