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(Req	uestor's Name)	
(Add	ress)	
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(City,	/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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M-544

TRANSMITTAL LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Integ		ration - must include suff		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," transact business in Florida	and check are submitted			
Please return all correspond	lence concerning this ma	atter to the following:		
G	esern Kun	ι 2 7		
	egory Kus	e of Person)		
Integrit	n Divovat	/Company)	Inc.	
31.098	3ethelrien	Rd Suin	a 03	
		Address)		
Cum	ing, GA 3	ate and Zip code)		
, ,	J (City/St	ate and Zip code)		
For further information con	cerning this matter, plea			O4 OCT -4 PM 3: 33 SECHLIMAY OF STATE TALLAHASSEE, FLORIDA
(Name of Person)	at $(\frac{1}{4})$	<u>+0) 310 - 583</u> rea Code & Daytime Tele		-4 Px
(Ivanie of Ferson)	, (Al	ea code & Daytime Tele	priorie rumoer)	3: 33
STREET ADDRE Registration Section Division of Corport 409 E. Gaines St. Tallahassee, FL 32	n ations	Registration Division of P.O. Box 6	Corporations	
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		te of 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "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) 33-105 48 107 (FEI number, if applicable) (State or country under the law of which it is incorporated) 5. Our per per tual (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) View Rd Stute 203 Curring, (A (Current mailing address) proker (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: 26 Claymont Circle Office Address: , Florida 34784 (7in 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. DIRECTURS
Chairman: Gres Kusum
Address: 3698 Bethelvius Rd Swite 203
Cumming, GA 30040
Vice Chairman: Gre, Num
Address: 3698 Bethelview Rd Swite 203
Cumming, GA 30040
Director: Corry Krown
Address: 31098 Bethelview Rd Suite 203
Cumming, GA 30040
Director:
Address:
B. OFFICERS
President: Grey Wown
Address: 3498 Rethelying Rd Swite 203
Cumming LA 30040
Vice President:
Address:
Secretary: Gry Kuon
Address: 31098 ButhelviewRd Skalls Cumming, 64 30000
Address: 31698 Retherica Rd St 203 Cumning, 62 30040
Address: My 17 17 17 18 10 11 11 11 11 11 11 11 11 11 11 11 11
NOTE: If necessary, you may attach an addendary to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application)
14. Cres Known Missicher (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 : 0324594
DATE INC/AUTH/FILED: 04/29/2003
JURISDICTION : GEÖRGIA
PRINT DATE : 10/01/2004

FORM NUMBER : 211

INTEGRITY DISCOUNT MORTGAGE, INC. GREG KEOWN
3698 BETHELVIEW ROAD
SUITE 203
CUMMING, GA 30040

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

INTEGRITY DISCOUNT MORTGAGE, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and amnual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of carcellation or any other similar document with the Office of the Secretary of State.

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

This information is electronically transmitted, issued and certified in 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.

20041001153512539



Cathy Cox Secretary of State