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| (Ře | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

2004 OCT 25 P 12: 57



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FILED

TRANSMITTAL LETTER

2004 OCT 25 ₱ 12: 5

| TO: Registration Section Division of Corporations TALLAHASSEE | | | |
|--|--|--|--|
| SUBJECT: Summit Mortage Financial 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: | | | |
| Kenneth L. Wilson - President (Name of Person) | | | |
| (Name of Person) | | | |
| Summit Mortgage Financial Inc. (Firm/Company) | | | |
| 316 Curação Way | | | |
| | | | |
| Wicerille FL 33578 (City/State and Zip code) | | | |
| (City/State and Zip code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Person) at (850) 897-1247 (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 Pivision 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 & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACE 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. Summit Mortage Financial Inc. SECRETARY OF STATE (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") OBA Summit Mortage
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Creorgia - USA
(State or country under the law of which it is incorporated)

3. (FEI number, if applicable) FL FEI - Applied for the law of which it is incorporated) 4. 1-7-2002 5. (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) 7. 101 Chase Court Ste A M: Medgeville, CA 3/06/
(Principal office address)

3/6 Curação Way Niceville, FL 32578
(Current mailing address) 8. Marigage banker

(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: Micerille FL , Florida 32578 (Zip code) Office Address: 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. The 1. L Kes. La

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 | FILED |
|--|-------------------------------------|
| Chairman: | |
| Address: | 00 25 P 12: 5 |
| <u> </u> | 25 P 12: 57 |
| Vice Chairman: | CRETARY OF STATE AHASSEE FLORIDA |
| Address: | LURIDA |
| Addiess. | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| | |
| B. OFFICERS | |
| President: Kenneth L. Wilson | |
| Address: 316 Curação Way | |
| Niceville FL 32578 | |
| Vice President: | |
| · | |
| Address: | |
| | |
| Secretary: Kenneth L. Wilson | |
| Address: 316 Curação Way Wiceville FL 32578 | |
| Treasurer: Kenneth L. Wilson | |
| Address: 316 Curação Way Nicerille, FL 32578 | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or | directors. |
| 13. 1Km J. M. President | |
| (Signature of Director or Officer listed in number 12 of the application) | |
| 14. Kenneth L. Wilson President | |
| (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

DOCKET NUMBER : 042890559
CONTROL NUMBER : 0202221
DATE INC/AUTH/FILED: 01/07/2002
JURISDICTION : GEORGIA
PRINT DATE : 10/15/2004

FORM NUMBER : 211

SUMIT MORTGAGE FINANCIAL INC. KENNETH L. WILSON 316 CURCAO WAY NICEVILLEE, FL 32578

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

SUMMIT MORTGAGE FINANCIAL, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



Secretary of State