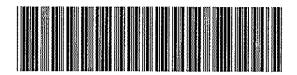
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| (D <sub>2</sub>         | equestor's Name)   |                 |
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| Certified Copies        | _ Certificates     | of Status       |
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| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 10 AM 8: 27





December 29, 2004

CHRIS HACKER 7100 NORTHLAND CIRCLE, SUITE 103 BROOKLYN PARK, MN 55428

SUBJECT: SOURCE LENDING CORPORATION

Ref. Number: W04000047380

We have received your document for SOURCE LENDING CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 504A00071872 SECRETARY OF ST ALLAHASSEE, FLO

#### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |   |
|--|---|
| 5020E01.   | ading Corporation ration - must include suffix)   |
| Dear Sir or Madam:   |   |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida, | for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to   |
| Please return all correspondence concerning this ma  | utter to the following:   |
| . (Nam   | e of Person)  |
| Source Lending Co  | Company)  |
| 7100 Northland Cir   |   |
| Brooklyn Park, min   | 55428<br>ate and Zip code)  |
| . •  | • ,   |
| For further information concerning this matter, please   | se call:  |
| Chris Hacker at (763) (Name of Person) (Ar   | rea Code & Daytime Telephone Number)  |
| STREET ADDRESS: Registration Section   | MAILING ADDRESS: ARE SECTION AND AREA SECTION OF Corporations ARE SECTION AREA SECTION AND |
| Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399   | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FOR TOTAL  |
| Enclosed is a check for the following amount:  | 25 <del>ii</del> −  |
| \$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & Certificate of Status   | S78.75 Filing Fee & S87.50 Filing Fee,  Certified Copy  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.

|  | Lending Corp   |   |                                |   |  | <u>.</u>      |
|--|--|---|--------------------------------|---|--|---------------|
| (Enter name of corporation; "Inc.," "Co.," "Corp," "Inc. | must include "INCORPORAT" "Co," or "Corp.")                      | ED," "C0                                      | OMPANY," "COR                  | RPORATION,                                    | ,,   |               |
|  |  |   |                                |   |  |               |
| (IC Italia in Elec                                       | ide automate announce ac   |   | ad for the number              | oftenenantina                                 | husinasa in Ela  | rido)         |
|  | rida, enter alternate corporate na                               | <del>-</del>                                  | _                              |   | ousmess in Pio   | ilua)         |
| 2. Minnesota   | aw of which it is incorporated)                                  | _3. <u> </u>                                  | (EEI mi                        | 1 <b>コフ</b><br>mber, if applic                | ahle)  |               |
|  | ·  | Ω   | •                              |   | aoicy  |               |
| 4. 1/03/03<br>(Date of incorpo                           | oration)   | .5. <u>14</u><br>Du                           | ration: Year corp.             | will cease to e                               | xist or "perpetu   | al")          |
|  |  | (   |                                |   | range of the contract of the c |               |
| 6. <b>Upon Qualif</b> (Date first transacted busine      | ss in Florida. If corporation has                                |   |                                |   | 'upon qualificat   | ion.")        |
|  | (SEE SECTIONS 607.1  | 501, 607.                                     | 1502 and 817.155,              | F.S.)   |  |               |
| 7. 7100 Nort   | nland Circle   | Su  | te 10                          | 3   |  | ·             |
| 0 - 11 - 5   | (Principal office  |   | 120                            |   |  |               |
| BROOKLYN TO  | ark, mn s  | address)                                      | 28                             | <u>, , , , , , , , , , , , , , , , , , , </u> | <u> </u>   | <u></u> 4     |
|  | (Current maning  | auuress                                       | - ·                            |   | •  |               |
| 8. Correspon   | dent Lender<br>ration authorized in home state of                |   | ng , copy de                   | 3.15 1.4.4                                    | · · · · · · · · · · · · · · · · · · ·  |               |
| (Purpose(s) of corpor                                    | ation authorized in home state of                                | or country                                    | to be carried out i            | n state of Flori                              | ida)   |               |
| 9. Name and street addres                                | ss of Florida registered age                                     | nt: (P.O                                      | . Box or Mail Dro              | op Box <u>NOT</u>                             | _acceptable)   |               |
| Name: NRAI Serv  | ices, Inc.   |   | rt of                          | æv≑ Æ   | 4 4  |               |
| Office Address: 526 E. Pa                                | rk Avenue  |   |                                |   | Do   | 22 .          |
|  |  |   |                                | * <u>-</u> * .                                | ECC  | 905 JAN       |
| Tallahass  | (City)   | <u>,                                     </u> | , Florida <u>32301</u><br>(Zin | code)   | E SE   |               |
|  |  |   | (~.p                           | <b></b>                                       | SSE  | 0             |
| 10. Registered agent's acc                               | eptance:<br>istered agent and to accept s                        | arvica at                                     | nracass for tha                | ahova stated i                                | cornora <b>il</b> or ai  | His place     |
| designated in this applicati                             | on, I hereby accept the appo                                     | uument  | as registerea age              | int ana agree                                 | to act in this   | capacuy. 1    |
| further agree to comply wit                              | th the provisions of all statut<br>I accept the obligations of m | tes relati                                    | ve to the proper a             | ınd complete                                  | performunce  | of my duties, |
| NRAI Se  | ervices, Inc.  |   |                                |   |  |               |
| Bv: MA   | 5/- h . A  | S   |                                |   | 11-29-2004   |               |
| <u>-3. (الأس)</u>  | (Registered agent's signat                                       | ture)   | ECRETORY                       |   | 11-64-5004   |               |
|  |  | •   |                                |   |  |               |

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: 7100 November Civile Stute 103

Brokun Fark, mn 55428

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

| DIRECTORS * .             |                                       |                                       |               |              |               |                          |               |
|---------------------------|---------------------------------------|---------------------------------------|---------------|--------------|---------------|--------------------------|---------------|
| irman: NA                 | <u> </u>                              |                                       |               | <u> </u>     |               |                          | <u></u>       |
| ress:                     |                                       | <u></u>                               | <u></u>       |              | <u> </u>      | · · · <del>,</del>       |               |
|                           |                                       | <u>-</u>                              | <u> </u>      | •            |               | · · · · · ·              |               |
| Chairman: NA              | -                                     | •                                     |               |              |               |                          |               |
| •                         |                                       |                                       |               |              |               |                          |               |
| ess:                      |                                       |                                       |               |              |               |                          |               |
| _                         | -                                     |                                       |               |              |               |                          |               |
| tor: NA                   |                                       | <del>-</del>                          |               |              | <u> </u>      |                          | :             |
| ess:                      |                                       | ·                                     | <u> </u>      |              | <u> </u>      | <u> </u>                 | ··            |
|                           | <del></del>                           |                                       |               |              | <del> </del>  |                          |               |
| tor: NIA                  |                                       | <u> </u>                              | <del></del> - | , <u> </u>   |               |                          |               |
| ess:                      |                                       |                                       |               |              |               |                          |               |
|                           | 1                                     | All a via Long o                      |               |              |               | · ·                      | <del></del> . |
| · •                       | pids, MN                              | 5544                                  | 8             |              | SECR          | 2005 J.                  |               |
| President: NA             | · · · · · · · · · · · · · · · · · · · | <u></u>                               | <u>.</u>      | <u>, / </u>  | - <u> </u>    | - <del>54</del>          | TOTAL POST    |
| ess:                      | <u> </u>                              | <u></u>                               |               | <del></del>  | SEEC          | 0                        |               |
|                           |                                       |                                       |               | <u>-</u>     |               | 3                        |               |
| tary: NA                  |                                       | <u> </u>                              |               |              | <u> </u>      | _ <del>\s&gt;</del><br>& |               |
| ess:                      |                                       |                                       |               |              | 3             |                          | <u> </u>      |
| urer: NA                  |                                       | 77.00                                 |               | <u> </u>     |               |                          |               |
| ess:                      |                                       |                                       | · <del></del> |              |               | <del></del> -            |               |
|                           |                                       | · · · · · · · · · · · · · · · · · · · |               | -            |               |                          | <u></u>       |
| ΓΕ: If necessary, you may | attach an addendum to i               | the application li                    | sting additio | nal officers | and/or direct | tors.                    |               |
| Christach                 |                                       |                                       |               | <u> </u>     |               |                          |               |
|                           | e of Director or Officer              | listed in number                      | 12 of the ap  | plication)   |               | · · · · ·                |               |
| /                         | cker                                  | <u> </u>                              |               |              |               |                          |               |
| (Typed                    | or printed name and ca                | pacity of person                      | signing appl  | ication)     |               |                          |               |

## State of Minnesota

#### **SECRETARY OF STATE**

Certificate of Good Standing

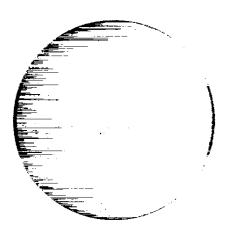
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the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

Date Formed: 01/03/2003

Chapter Governed By: 302A

This certificate has been issued on 11/30/04.



Mary Hiffmager Secretary of State.