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(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:	7	

Office Use Only



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SECICITY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: OSF Mortgage 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:
(Name of Person)
OSF Mortgage Inc.
29 W. 701 Butterfield Rd.
Warrenulle, IL. 60555
(City/State and Zip code)
For further information concerning this matter, please call:
Dee Glaser at 630, 937.0597 For State (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS: Registration Section
Registration Section Division of Corporations Division of Corporations P.O. Boy 6327
1.0. Doz 032
Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
Certificate of Status Confinence Copy 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," "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)	
2 ILLINOIS 36-4480684	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	. ** *
4. 12/200/ 5. Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpenual")	
6N A	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	•
7 29 W. 701 Butterfield Rd. 1. Jarrenville, IL.	
(Principal office address)	2Sc
SAME AS AROUC (Current mailing address)	. 4.
(Current mailing address)	<u>.</u>
8. Mortgage Broker Business	
(Purpose(s) of corporation althorized 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: NRAI Services, Inc.	
Office Address: 2731 Executive Park Drive, Suite 4	
Weston Florida 3333/ (City) (Zip code)	
(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 of the pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa <u>c</u> ts	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my c	
and I am familiar with and accept the obligations of my position as registered agent.	3 5
NRAI Services, Inc.	£
by: Christian Estate 2-25-2005	
by: Christian Estate 2-25-2005 Pr W (Registered agent's signature) # 800 - 550.6724	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction.	on to xtion

under the law of which it is incorporated.

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

•	,	·						
A. DIRECTORS	;			/				
Chairman:								
Address:								
								
Vice Chairman:								
Address:	, Maria 1							
		$\underline{\hspace{1cm}}$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Director:								
Address:	······································	<u> </u>						
Director:								
Address:						٠,		
B. OFFICERS		^						
President:	Christian	Glaser						
Address:	20 Pool	e ct						
	Batavia	IL. 60	510					
Vice President:	1				مسر باسمد در ت			
Address:	``.			The same of the sa	·	- 		
Martine and the State of the St					,			<u></u> .
Secretary:	100		- <u></u>		<u> </u>	SEG	05	-
Address:						AHA	MAR.	E III
Treasurer:						38	<u> </u>	1
Address:					· · · · · · · · · · · · · · · · · · ·		₹ ``	‡ ₹ ₹
NOTE: If necessary	ry, you may attach an ad-	dandrum to the soul	iastion listing	additional office	rece and lo		سـ. دن	
	y, your may amade an add	denoting to the appl	Caron usuk	S CONTRACTOR CONTRACTOR	~ ***			4 ·
13.	(Signature of Oirector	r or Officer listed in	n number 12	of the application	n)		 .	
14	hvistian 6	. Glasek		Presiden	+			
	(Typed or printed n	ame and capacity o	f person sign	ing application)	' -	=		

File Number

6195-889-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that

OSF MORTGAGE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 18, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of

the State of Illinois, this

16TH

day of

DECEMBER

A.D.

2004

Desse White

SECRETARY OF STATE