

To: +1 (850) 205-0383
Subject:

From: Florida Tax Service

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F05000001450

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0173.35610

FOREIGN PROFIT QUALIFICATION

TRINITY MORTGAGE CAPITAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

05 MAR -8 PM 12:20
DIVISION OF CORPORATIONS

05 MAR -3 PM 2:35

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**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.*

1. Trinity Mortgage Capital, Inc.

(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. Tennessee

(State or country under the law of which it is incorporated)

3. 20-1736385

(FEI number, if applicable)

4. 11/02/04

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10133 Kingston Pike, Suite #201, Knoxville, Tennessee 37922

(Principal office address)

10133 Kingston Pike, Suite #201, Knoxville, Tennessee 37922

(Current mailing address)

8. Mortgage Lending and Brokering

(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 or Mail Drop Box NOT acceptable)

Name: **Max Lewis**

Office Address: **245 Gray Street**

West Palm Beach

(City)

Florida 33405

(Zip 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.

Max Lewis

By: 

(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:

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A. DIRECTORS

Chairman: Paul D. Piers

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

Vice Chairman: Mark D. Taylor

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

Director: Paul D. Piers

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

Director: Mark D. Taylor

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

B. OFFICERS

President: Paul D. Piers

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

Vice President: N/A

Address: _____

Secretary: Mark D. Taylor

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

Treasurer: Mark D. Taylor

Address: 10133 Kingston Pike, Suite #201, Knoxville, TN 37922

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Mark D. Taylor - Vice Chairman

(Typed or printed name and capacity of person signing application)

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Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/07/2005
REQUEST NUMBER: 05066139
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 11/02/2004
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0480522
JURISDICTION: TENNESSEE

TO:
KRÖLL
1900 CHURCH STREET
STE 400
NASHVILLE, TN 37203

REQUESTED BY:
KRÖLL
1900 CHURCH STREET
STE 400
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"TRINITY MORTGAGE CAPITAL, INC."

IS A CORPORATION ONLY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE:
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID.
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/07/05

FROM:
KRÖLL DOCUMENT FILING & RETRIEVAL SVCS
1900 CHURCH STREET
SUITE 400
NASHVILLE, TN 37203-0000

RECEIVED: FEES \$240.00 \$0.00
TOTAL PAYMENT RECEIVED: \$240.00

RECEIPT NUMBER: 00003671967
ACCOUNT NUMBER: 00442386



SS-4454

Riley C Darnell

RILEY C DARNELL
SECRETARY OF STATE

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