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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mortgage TEAM I 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:
Tiffany McCoy III III III III III III III III III I
(Name of Person)
Mortgage TEAM I INC. 150 150 150 150 150 150 150 150 150 150
() (Firm/Company)
6336 PiccAdilly Se DR. 37 5
(Address), (Address), (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call: Tiffray McCoy at (257) 445-2062 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Explored in a check for the following exposure. MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy Check is for

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. MERTHALE TEAM 1 I.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

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AL.	USA		3.	4	7-088	1295			
tate or country	under the law of which	it is incorporated) -						
8	05/02		5.		PERDE	tual		_	
(Date	of incorporation)			(Duration	: Year corp.	will cease to	exist of	erpandal")	
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		(Principal office	addre	ss)					٦.
6336	Piccadilly	Sa. Da		,	Nobile	AC.	366	01	<u>.</u>
		(Current mailing	g addre	ss)		,			
Len	ding Mon	etgage	Ma	ney				quity	
(Purpose(s	s) of corporation author	ized in home state	or cour	ntry to be	carried out is	n state of Flo	rida)	,	
lame and stree	<u>et address</u> of Florida r	egistered agent:	(P.O.	Box <u>NO</u>	Tacceptabl	e)			
Name:	Mike	ANE							
ce Address:	86 Sum	NEL BALL	<u>,e</u>	Lu .					
		~ ~ *		, Flor	rida 3 2	Y17			
	(Date	(Date of incorporation) NA (Date fire (SEE SECTION) (SEE SECTION) (A 336 Piccadilly Lending Mon (Purpose(s) of corporation authority (ame and street address of Florida recomposed and street addr	(Date of incorporation) (Date of incorporation) (Date first transacted busin (SEE SECTIONS 607.1501 & 6) (Principal office of incorporation) (Principal office of incorporation) (Principal office of incorporation) (Purpose(s) of corporation authorized in home state of incorporation authorized in home state of incorpor	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 (Galler SECTIONS 607.1501 & 607.1501 (Principal office address of Florida registered agent: (P.O. Name: (Purpose(s) Summer Size Size Size Address: SG Summer Size Size Size Size Size Size Size Size	tate or country under the law of which it is incorporated) 8 05 02 5. (Date of incorporation) (Duration) (Date first transacted business in Florida, it (SEE SECTIONS 607.1501 & 607.1502, F.S., to (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be dame and street address of Florida registered agent: (P.O. Box NO Name: Mike LANK Coe Address: 86 Summer Breeze W.	(Purpose(s) of corporation authorized in home state or country to be carried out in lame and street address of Florida registered agent: (P.O. Box NOT acceptable Red Address: Repair (P.O. Box NOT acceptable Red Address: 10.00	tate or country under the law of which it is incorporated) 8 05 02 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability (Principal office address) 10 336 Piccadilly Sq. DR. Mobile, Al. (Principal office address) (Current mailing address) Leuding Montgage (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida registered agent: (P.O. Box NOT acceptable) Name: Mike LANE	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Outrent mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Page 4 Land 19 19 19 19 19 19 19 19 19 19 19 19 19	tate or country under the law of which it is incorporated) 8 05 02 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Ame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mike ANE See Address: 86 Summer Breeze Lu

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. DIRECTORS	
Chairman:	
Address: 2608 CHARLESTON OAKS J.	
Mebile, Al. 36695	
Vice Chairman: Lieda McCoy	
Address: 2608 Charleston Oaks Cf.	
Mobile, AC. 36685	
Director:	
Address:	SEC.
Director:	第二 山
Address:	
20 S	<u> </u>
D. OFFICEROS	<u> </u>
B. OFFICERS	
President: Tiffany McCoy	
Address: 2608 CHARLES for DAts Ct.	
Mobile, AC 36685	
Vice President: Linda We Con Address: 2608 Charleston OAks Ct-	
Address: 2608 Charleston OAks Ct-	
Mobile AL 36695	
Secretary: Linda McCoy	
Address: 2408 Charleston Orks Ct	
Treasurer: Tiffay MCoy	
Address: 2600 Charleston Oples of	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.
13. Signature of Director or Officer listed in number 12 of the application)	
14 Tiffer Mc (President T	
(Typed or printed name and capacity of person signing application)	

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Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Mortgage Team 1, Inc. incorporated in Mobile County, Mobile, Alabama on August 5, 2002. I further certify that the records do not disclose that said Mortgage Team 1, Inc. has been dissolved.

OS MAR II PM 12: 51
SECRETARY OF STALL



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 22, 2005

Date

Nancy L. Worley

Trancy S. Aarley

Secretary of State