

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

From: Patricia Tadlock

Thursday, May 19, 2005 2:40 PM Page: 1 of 6

F05000003004

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000125362 3)))

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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

0715-38181

FOREIGN PROFIT QUALIFICATION

LENDING SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	0406
Estimated Charge	\$70.00

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Subject:

From: Patricia Tadlock

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350-205-0383

5/18/2005 8:51 PAGE 001/001 Florida Dept of State

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 18, 2005

CORPDIRECT AGENTS, INC.

SUBJECT: LENDING SOLUTIONS, INC.
REF: W05000024962

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

FAX Aud. #: W05000125362
Letter Number: 605A00035626

PLEASE GIVE ORIGINAL SUBMISSION
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MAY 19 2005
11:34 AM

RECEIVED
MAY 19 2005
2:40 PM

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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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. Lending Solutions, Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LSI Mortgage Plus, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

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

3. 58-2546090

(FEI number, if applicable)

4. 05/17/2000

(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. 6470 East Johns Crossing, Suite 220, Duluth, GA 30097

(Principal office address)

6470 East Johns Crossing, Suite 220, Duluth, GA 30097

(Current mailing address)

8. Mortgage Lending

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Drive, Suite 4**

Weston

(City)

. Florida 33331

(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.

NRAI Services, Inc.

By: 

(Registered agent's signature)

Michael Mirrone, Assistant Secretary

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: David Kushner

Address: 6470 East Johns Crossing, Suite 220
Duluth, GA 30097

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Kushner

Address: 6470 East Johns Crossing, Suite 220
Duluth, GA 30097

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. David Kushner, President
(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0023120
DATE INC/AUTH/FILED : 05/17/2000
JURISDICTION : GEORGIA
PRINT DATE : 05/17/2005
FORM NUMBER : 211

US CORPWORKS INC.
SABRINA TILLAPPAUGH
3500 E. 17TH AVE.
DENVER, CO 80206

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 as of the above print date

LENDING SOLUTIONS, INC.
GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20050517200627679



Cathy Cox
Cathy Cox
Secretary of State

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**LENDING SOLUTIONS, INC.
6470 East Johns Crossing, Suite 220
Duluth, GA 30097**

Secretary of State
State of Florida

May 17, 2005

To whom it may concern:

The following is a copy of a resolution adopted by the corporation in May, 2005 in connection with transacting business in Florida under a fictitious name:

"RESOLVED, that, this corporation desires to transact business in the State of Florida, and the Officers and Directors have been advised that the name of this corporation is not available for use in the State of Florida, this corporation adopts the assumed name, "LSI Mortgage Plus, Inc." for use in transacting business in the State of Florida."



David Kushner, Secretary

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SECRETARY OF STATE
MAY 19 2005

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