F05000003369

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	<i>#</i>)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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TRANSMITTAL LETTER

TO: Registration Section		
Division of Corporations	100.1	
SUBJECT: LQUISOUTH	110rtgac	je JAC
(Name of corpora	ation - must include suffix)	
Dear Sir or Madam:		J
The enclosed "Application by Foreign Corporation Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact to register the above reference	Business in Florida," and foreign corporation to
Please return all correspondence concerning this ma	tter to the following:	
Carolin Bern		
(Name	e of Person)	
Equising mortal	90 MC	
(Film)	(Company)	
8326 cross and	2000	
M) (A	Address)	Π
MOTTE MANOPTION	Ma 0611	
(City/Sta	ate and Zip code)	
For further information concerning this matter, please	se call:	
10 (1 2)	u X X A	7 23
200 Jun Dem 1234, 409-9300		
	ea Code & Daytime Telepho	ne Number)
1		译保 喜
		是是
STREET ADDRESS:	MAILING AD	DRESS:
Registration Section	Registration Se	
Division of Corporations	Division of Cor	rporations
409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314		32314 55
Tananassee, 12 52577	,	, 52511
Enclosed is a check for the following amount:		- · · · · · · · · · · · · · · · · · · ·
□ \$70.00 Filing Fee & Sertificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, 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.
Egilisouth M. Agage - Mc Com the of
(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)
$\Delta \ln \ln$
2. State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 20, 1995 5. Derpotial
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2326 Crossland Loop Montgomery, AL 3417
(Principal office address)
Osolo CYOSIana Logo Mortgomeryo AL Shirt
(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 NOT acceptable)
Name: CT Corporation Suspen
Office Address: 1200 South Pine Island Rd
0))
Plantation, Florida 33324 (City) (Zip code)
(City), Florida 33324 (City) (Zip code)
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.
RACHEL T. HAYES ASSISTANT SECRETARY
(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: _ Vice Chairman: Address: _ Director: _ Address: _ Director: Address: _ **B. OFFICERS** President: Address: Vice President: Address: Secretary: Address: _ Treasurer: Address: _ NOTE: If necessary, you may alash an addendum to the application listing additional officers and/or directors. 13. _ pare of Director or Officer listed in number 12 of the application) CapanaNa 14. _

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

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 Equisouth Mortgage, Inc. incorporated in Montgomery County, Montgomery, Alabama on October 20, 1995. I further certify that the records do not disclose that said Equisouth Mortgage, Inc. has been dissolved.



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.

May 24, 2005

Date

Maney S. Farley

Nancy L. Worley

Secretary of State