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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLUMBIA MORTGAGE CAPITAL CORPORATION
(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:
ROSS FARR - CINDY HAMMOND
(Name of Person)
COLUMBIA MORTGAGE CAPITAL CORPORATION
(Firm/Company)
3206 50TH STREET COURT NW, SUITE A107
(Address)
GIG HARBOR WASHINGTON 98335
(City/State and Zip code)
For further information concerning this matter, please call:
ROSS FARR-CINDY HAMMOND at ( 360 ) 616-0470
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

## 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. Columbia Mortgage Capital Corporation	
(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
Please contact us if not available	
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. Washington State	3, 68-0596004
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 11/03/2004	5. 12/31/2005
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. No business has been Transacted in Florida to date	
	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 3206 50th Street Court NW, Suite A-107, Gig Harbor, V	NA 98335
(Principal office a	address)
Same as above	
(Current mailing a	address)
8. Mortgage Broker	
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
<ol><li>Name and <u>street address</u> of Florida registered agent: (1</li></ol>	P.O. Box NOT acceptable)
Name: Troop Services	Inc
Office Address: 103 Worth Mcc	idean Street
Tallahassee	, Florida 3230/
(City)	(Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept ser	rvice of process for the above stated corporation at the place
lesignated in this application, I hereby accept the appoin further agree to comply with the provisions of all statute	ntment as registered agent and agree to act in this capacity. I s relative to the proper and complete performance of my dutie
and I am familiar with and accept the obligations of my	position as registered agent.
	A/ 1 5
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(Registered agent's agnatu	(A)
1. Attached is a certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this application to
he 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:

	TORS
Chairman: _	ROSS D FARR .
Address:	5708 RAY NASH DRIVE
	GIG HARBOR, WASHINGTON 98335
Vice Chairm	an:
Address:	
Director:	
Address:	
Director:	No. 20 Company
B. OFFIC	ERS
President:	B000 B F42B
_	5708 RAY NASH DRIVE
/ tdd://dd:	GIG HARBOR, WASHINGTON 98335
Vice Preside	nt:
Audiess	the second secon
Secretary: _	CINDY HAMMOND - OFFICE MANAGER
Address:	3206 50TH STREET COURT NW, SUITE A107 GIG HARBOR, WA 98335
Treasurer: _	Mo P
Address:	7.57
Addiess	
NOTE: AF	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	
D	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

COLUMBIA MORTGAGE CAPITAL CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named Profit
Corporation was formed under the laws of the State of WA and was issued a Certificate Of
Incorporation in Washington on 11/3/2004.

I FURTHER CERTIFY that as of the date of this certificate, COLUMBIA MORTGAGE
CAPITAL CORPORATION remains active and has complied with the filing requirements of
this office.

Date: March 21, 2005

UBI: 602-443-118

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

