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(Requestor's Name) (Address) (Address)	900055887869
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/10/0501041n17 **87.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: ### Page 1	05 JUL 19 PH 3: L2

Office Use Only

TRANSMITTAL LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: GAKATER FENANCEA (Name of corporate	tion - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.				
Please return all correspondence concerning this matt	er to the following:			
	-			
BRAOLEY A.V (Name	of Person)			
GICEATER FENANCEAL	MORTBAGE CORPORATEON			
(riniv	- Called			
3801 SPRZNGHURST BLW). The 104			
(Ad (OUZSVEUK, HY. (City/Stat	idress)			
COUZSVELLE, HY.	40241			
(City/Stat	e and Zip code)			
For further information concerning this matter, please	e call:			
BRADLEY A. WALSH at (50)	753-0319			
(Name of Person) (Are	a Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:				
Registration Section	Registration Section			
Division of Corporations 409 E. Gaines St.	Division of Corporations			
Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
	3.5			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	The state of Status & 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.

(If name unavailable i	n Florida, enter alternate	corporate name ado	oted for the purpose of tran	sacting business i	n Florida)
. KENTUC	in	3	05-055633 (FEI number,	36	
(State or country under	r the law of which it is inc	corporated)	(FEI number,	if applicable)	
. 02/3	003	5	PERPETU uration: Year corp. will ce	17C	
	P/A		uration: Year corp. will ce	ase to exist or "pe	erpetuai)
•	(Date first trans	sacted business in Flo	orida, if prior to registration		
			F.S., to determine penalty		
. 3801 5PRZA	JEHURST BLVD	STE 104 1	lours valle, K	14694 1	
2601 600.	(Prin	icipal office address)	lassout, W		
FOUT JAIN	Change RMD	rent mailing address	construe, w	1. 40241	
	(0		,		
	RIBACK BRO				
(Purpose(s) of c	corporation authorized in	home state or countr	y to be carried out in state	of Florida)	Og
. Name and street add	<u>lress</u> of Florida register	red agent: (P.O. Be	ox NOT acceptable)		05 JUN 1
Name:	JOHN P. 1	MAUSH			
	100 SKASG	APE DA #	276		ਰ ਹ
office Address.	7	J	- · · · · · · · · · · · · · · · · · · ·	<i>,</i> ,	: <u>ک</u> ده
Office Address:	DECTIO		r: : : \ /		
Office Address:	DESTITE (City)	<u> </u>	, Florida <u>300 //</u> (Zin code)	_	, (<u></u>
	100 SKASCA DESTIN	-	(Zip code)	_	5
0. Registered agent'	s acceptance:				on at the place
0. Registered agent's laving been named as esignated in this appl	s acceptance: s registered agent and l lication, I hereby accep	to accept service o pt the appointment	f process for the above s as registered agent and	stated corporation	this capacity.
0. Registered agent's laving been named as lesignated in this appl arther agree to compl	s acceptance: s registered agent and l lication, I hereby accep	to accept service o pt the appointment of all statutes relate	f process for the above s as registered agent and ive to the proper and co	stated corporation	this capacity.

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: Vice Chairman: Address: the second secon Director: Address: The state of the s Director: ___ Address: The state of the s **B. OFFICERS** SPANGHURST BIND STE 104 LOVESVELLE, HY. 40241 Vice President: the state of the s Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) BRADLEY A. WASH - PRESEDENT (Typed or printed name and capacity of person signing application)



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

GREATER FINANCIAL MORTGAGE CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is February 20, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of June, 2005.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
BWeber/0554555 - Certificate ID: 15449