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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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M. HODGES

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Mortgage Solutions, 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:

Clyde Simmons

(Name of Person)

Global Mortgage Solutions, Inc.

(Firm/Company)

3260 Pointe Pkwy, Ste #200

(Address)

Norcross, Georgia 30092

(City/State and Zip code)

For further information concerning this matter, please call:

Clyde Simmons

(Name of Person)

at (770) 449-8550

(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 &
Certificate 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.*

1. Global Mortgage Solutions, Inc.
(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)

2. Georgia / United States 3. 20-1982134
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/19/2005 5. _____
(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. 3260 Pointe Parkway, Ste 200 Norcross, Georgia 30092
(Principal office address)

3260 Pointe Parkway, Ste 200 Norcross, Georgia 30092
(Current mailing address)

8. To provide residential & commercial mortgage loans
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

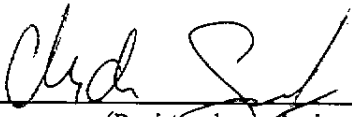
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Clyde Simmons

Office Address: 3948 S. 3rd Street, PMB 344
Jacksonville Beach, Florida 32250
(City) (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.


(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: Clyde Simmons

Address: 11585 Jones Bridge Road, Suite #420-118
Alpharetta, Georgia 30022

Vice Chairman: James W. Starks

Address: P. O. Box 675725
Marietta, Georgia 30006

Director: T. Kennice Cannon

Address: P. O. Box 637
Lithnoia, Georgia 30058

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

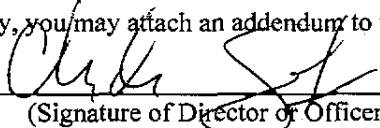
Secretary: _____

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. Clydes Simmons/Chairman
(Typed or printed name and capacity of person signing application)

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

CONTROL NUMBER: 0506731
EFFECTIVE DATE: 01/19/2005
JURISDICTION : GEORGIA
REFERENCE : 0169
PRINT DATE : 02/04/2005
FORM NUMBER : 311

T. KENNICE CANNON
P.O. BOX 637
LITHONIA, GA 30058

CERTIFICATE OF INCORPORATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

GLOBAL MORTGAGE SOLUTIONS, INC.
A DOMESTIC PROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



A handwritten signature in black ink, appearing to read "Cathy Cox".

Cathy Cox
Secretary of State