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DIVISION OF CONFORMION

#### TRANSMITTAL LETTER

TRANSMITTAL LETTER  TO: Registration Section Division of Corporations	A CONTROL OF THE PARTY OF THE P				
SUBJECT: AMERICAN UNITED MORIGAGE COMPANY (Name of corporation - must include suffix)	000				
Dear Sir or Madam:	·				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florid "Certificate of Existence," and check are submitted to register the above referenced foreign corpora transact business in Florida.					
Please return all correspondence concerning this matter to the following:					
EUCENE SALGANIC					
(Name of Person)					
MERICAN VaitED NONSGAGE COMPANY					
(Firm/Company)					
3100 DUNDEE, SuitE 102					
(Address)					
EUCENE SALGANIK  (Name of Person)  AMERICAN UNITED NORTHAGE COMPANY  (Firm/Company)  3100 DUNDEE, SuifE 102  (Address)  NORTHBROOK, IL 60062  (City/State and Zip code)					
For further information concerning this matter, please call:  **EUTENE SAIGANIK** at (547 ) 272-4700  (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	Status &				

APPLICAT	WITH SECTION 607.1503, EIGN CORPORATION TO CLAN (WHEN) poration; must include "INCO p," "Inc," "Co," or "Corp.")	ORPORATION FO BUSINESS IN FLO	R AUTHORIZA RIDA	TION TO TRANSA	CT
IN COMPLIANCE V REGISTER A FORE	WITH SECTION 607.1503, EIGN CORPORATION TO	FLORIDA STATUTES TRANSACT BUSINES	S, THE FOLLOWIN S IN THE STATE C	IG IS SUBMITTED TO OF FLORIDA.	
1. AMER	ican United	NO ATGAGE	CORPANY	\(\frac{1}{2}\)	1
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCC p," "Inc," "Co," or "Corp.")	ORPORATED," "COME	ANY," "CORPORA	TION,"	KI ORION
(If name unavailab	le in Florida, enter alternate c	orporate name adopted for	or the purpose of tran	sacting business in Florid	<u>a)</u>
2. ILLi	wois	3. <i>3</i>	6- 3925.	595	
(State or country un	der the law of which it is inco	orporated)	(FEI number, i	f applicable)	<del>_</del>
4. <u>U</u>	f incorporation)	5. <del>7€</del>	RPETUAL		
			n: Year corp. will ce	ase to exist or "perpetual"	')
6. UPON	REGISTRATIO	7		<u></u>	
	(Date first transaction) (SEE SECTIONS 607.	cted business in Florida, .1501 & 607.1502, F.S., (	o determine penalty l	liability)	
73	8100 DUND (Princ	er, Sui	te 102	NORTH BROOK,	IL 60062
	(C.,,,,,,,	nt mailing address)	5 AROV	<u> </u>	
	(Curre	in maning address)			
8.	MORTGAGE	BROKER	ORIGIN	ATTON	
(Purpose(s)	of corporation authorized in h	ome state or country to b	carried out in state	of Florida)	_
9. Name and street a	address of Florida registere	d agent: (P.O. Box N	OT acceptable)		
Name:	G.R. ROBBIN	5 - AssociA	etes, P.A.	· -	
Office Address:	3375 -C CAPIT	<del>.</del>			
•	TALLAMASSEE	, Fl	orida <u>32308</u> (Zip code)	≦	
	(City)		(Zip code)		
designated in this ap further agree to con	nt's acceptance: l as registered agent and to oplication, I hereby accept oply with the provisions of ith and accept the obligati	the appointment as re all statutes relative to	gistered agent and the proper and con	agree to act in this cap	pacity. I

- 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: EUGENE SAIGANIK
Address: 9400 KENNETH ST.
SKOHE IL DOBLES 60076
Vice President: ARKADY PECK
Address: 1825 KENDALE LN
GLENVIEW IL 60025
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. EUGENE SAIGAWIK
(Typed or printed name and canacity of person signing application)

#### File Number

5756-898-4



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

AUGUST

A.D.

2005

Desse White

SECRETARY OF STATE