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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 3, 2005

DERRICK WARD 165 WEST WIEUCA RD, SUITE 314 ATLANTA, GA 30342

SUBJECT: SOUTHERN HOME MORTGAGE SERVICES CORPORATION

Ref. Number: W05000036635

We have received your document for SOUTHERN HOME MORTGAGE SERVICES CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 105A00050047

TRANSMITTAL LETTER

| TO: | Registration Section Division of Corporations |
|---------|--|
| SUBJ | (Name of corporation - must include suffix) |
| Dear S | ir or Madam: |
| "Certif | closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," and check are submitted to register the above referenced foreign corporation to t business in Florida. |
| Please | return all correspondence concerning this matter to the following: |
| | Name of Person) |
| | (Name of Person) |
| | Southern Home Montgage Services Corporation (Firm/Company) 165 West Wieuca Rd. Suite # 314 (Address) |
| | (Firm/Company) |
| | 165 West Wieuca Rd. Suite # 314 |
| | (Address) |
| | Atlanta 64. 3034) (City/State and Zip code) |
| | (City/State and Zip code) |
| | |
| For fur | ther information concerning this matter, please call: |
| 1 | 11/61 |
| 1/E1 | (Name of Person) at (770) 374-2267 (Area Code & Daytime Telephone Number) |
| | (Area Code & Daytime Telephone Number) |
| | |
| | STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations |
| | Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 |
| | Tallahassee, FL 32399 Tallahassee, FL 32314 |
| Enclose | ed is a check for the following amount: |
| \$70. | 00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| 1. Southern Home Mortque Services Corporation (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. Ceorgia (State or country under the law of which it is incorporated) 4. 4/61/2004 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 18001 Cellins Ave Whit 1202 Sunny tsless Florida 33140 (Principal office address) 165 West Wicuca Rd. Suite #314 Afforda Ga. 30342 (Current mailing address) 8. Mortage Broker Services (Purpose(8) 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: Mark Rice Office Address: 1800 Collins Ave Unit 1202 Sunny Isles Reach, Florida 33140 (City) 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 complete performance of my dutin and 1 am familiar with and accept the obligations of all statutes relative to the proper and complete performance of my dutin and 1 am familiar with and accept the obligations of my position as registered agent. | REGISTER A FOR | with section 607.1503, EIGN CORPORATION TO V HOME Mort | TRANSACT BUL | SINESS IN THE STATE OF | F FLORIDA. | |
|--|--|--|--|--|---|-----------------------------------|
| (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) (Perpetual) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable) Name: Mark Rice Office Address: 1800 Collins Ave Unit 100 Sunry Isles Beach, Florida 33/60 (City) (| (Enter name of co | rporation; must include "INCO rp," "Inc," "Co," or "Corp.") | ORPORATED," " | СОMPANY," "CÓRPORAT | CION," | |
| (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: Mark Rice (City) | (If name unavaila | ble in Florida, enter alternate c | orporate name add | pted for the purpose of transa | acting business in Florida) | |
| (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name: Mark Rice Office Address: (City) (City | 2. <u>6e</u> | orgia | 3 | N/A | | , |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 18001 C6 llins Ave Unit 1202 Sunny ±sles Florida 33/le0 (Principal office address) 165 West Wieuca Rd. Suite#314 Atlanta 64. 30342 (Current mailing address) 18001 Corporation authorized in home state or country to be carried out in state of Florida) 18001 Collins Survices | (State or country 1 | inder the law of which it is inco | orporated) | (FEI number, if | applicable) | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 18001 C6 llins Ave Vait 1202 Sunny Esles Florida 33/40 (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized in home state or country to be carried out i | 4. <u>4/67/</u> | 2004 | 5 | (Perpetual) | 44 199 | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 18001 C6 lins Ave Unit 1202 Sunny ±sles Florida 33160 (Principal office address) 165 West Wieuca Rd. Suite # 314 Atlanta Ga. 30342 (Current mailing address) 8. Mortgose Broker Services (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: Mark Rice Office Address: 18001 Collins Ave Unit 1202 Sunny Esles Beach, Florida 33/60 (City) 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. In further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutie | (Date | of incorporation) | (L | Juration: Year corp. will ceas | se to exist or "perpetua(") | |
| (Principal office address) Nest Wieuca Rd. Suite#314 Atlanta, 64. 30342. (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mark Rice Office Address: 1800 Collins Ave Unit 102 Sunny Isles Reach, Florida 33/40 (City) (City) (City) (City) 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. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. | 5 | | | | | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mark Rice Office Address: 1800 Collins Ave Unit 122 Sunny Isles Beach, Florida 33/60 (City) (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. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. | 1. 18001 C | | | | | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mark Rice Office Address: 1800 Collins Ave Unit 122 Sunny Isles Beach, Florida 33/60 (City) (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. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. | 165 Wes | t Wieuca Rd. | Suite# 314 | Atlanta 6a. Jo | 1342 | . ~~ |
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| 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. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. | | Sunny Isles & | Beach | , Florida 33/60 | | |
| and I am familiar with and accept the obligations of my position as registered agent. | 10. Registered ag- Having been name designated in this of further agree to co | ent's acceptance: ed as registered agent and to application, I hereby accept emply with the provisions of | o accept service (t the appointment all statutes rela | of process for the above st t as registered agent and c tive to the proper and com | ated corporation at the p agree to act in this capac | city. I |
| | ind I am familiar | with and accept the obligation | ions of my positi | on as registered agent. | | |

- 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: B. OFFICERS Vice President: ique Rd. Switest 314 Atlanta, 60 Jos42 NOTE: If necessary, you may dendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

Derrick Word

(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 : 0423037
DATE INC/AUTH/FILED: 04/07/2004
JURISDICTION : GEORGIA
PRINT DATE : 07/27/2005
FORM NUMBER : 211

SOUTHERN HOME MORTGAGE SERVICES CORP DERRICK WORD 165 WEST WIEUCA RD. SUITE #314 ATLANTA, GA 30342

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SOUTHERN HOME MORTGAGE SERVICES CORP.
A GEORGIA PROBIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State