

# F05000006517

For information only

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

## FOREIGN PROFIT QUALIFICATION

### DREAM AVENUE MORTGAGE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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. Dream Avenue Mortgage 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. Georgia

(State or country under the law of which it is incorporated)

3. 20-3328033

(FEI number, if applicable)

4. 08/22/2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

(Principal office address)

975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

(Current mailing address)

8. Mortgage Lending and Brokering

(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 or Mail Drop Box **NOT** acceptable)

Name: Florida Compliance Specialists, Inc.

Office Address: 2331 Hansen Place

Tallahassee, Florida 32301

(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.*

**Florida Compliance Specialists, Inc.**

By: David Taylor

(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:**

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**A. DIRECTORS**

Chairman: David W. Huffman

Address: 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

Vice Chairman: N/A

Address: N/A

Director: David W. Huffman

Address: 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

Director: N/A

Address: N/A

**B. OFFICERS**

President: David W. Huffman

Address: 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

Vice President: N/A

Address: N/A

Secretary: David W. Huffman

Address: 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

Treasurer: David W. Huffman

Address: 975 Cobb Place Blvd NW, Suite #312, Kennesaw, Georgia 30144

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**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. David W. Huffman - President  
(Typed or printed name and capacity of person signing application)

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

CONTROL NUMBER : 0557588  
DATE INC/AUTH/FILED: 08/22/2005  
JURISDICTION : GEORGIA  
PRINT DATE : 11/08/2005  
FORM NUMBER : 211

CHARLES BACLET AND ASSOCIATES, INC.  
ANNE NGO  
2030 MAIN STREET  
SUITE 1030  
IRVINE, CA 92614

**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

**DREAM AVENUE MORTGAGE CORPORATION**  
**A GEORGIA PROFIT 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

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