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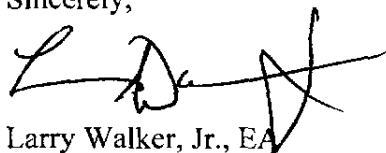
October 19, 2005

Florida Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Mortgage Solutions Network, Inc.

Please contact me if you have any questions on the attached Application By Foreign Corporation To Transact Business in Florida. My client is a Georgia company who will have a couple of employees based in Florida, but no actual business location.

Sincerely,



Larry Walker, Jr., EA
Enrolled Agent

Enrolled to Practice before the Internal Revenue Service

Member: National Association of Tax Professionals (NATP)

Enclosure

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mortgage Solutions Network, 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:

Jason Ponder, CFO
(Name of Person)

Mortgage Solutions Network, Inc.
(Firm/Company)

320 South Perry Street
(Address)

Lawrenceville, GA 30045
(City/State and Zip code)

For further information concerning this matter, please call:

Jason Ponder at (678) 407-1182
(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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 25, 2005

JASON PONDER, CFO
MORTGAGE SOLUTIONS NETWORK, INC.
320 SOUTH PERRY STREET
LAWRENCEVILLE, GA 30045

SUBJECT: MORTGAGE SOLUTIONS NETWORK, INC.
Ref. Number: W05000048652

We have received your document for MORTGAGE SOLUTIONS NETWORK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 305A00064675

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. Mortgage Solutions Network, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Mortgage Solutions FL Network, Inc.

(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. 01-0679185

(FEI number, if applicable)

4. 03/12/2002

(Date of incorporation)

5. Perpetual

(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. 320 S. Perry Street, Lawrenceville, GA 30045

(Principal office address)

320 S. Perry Street, Lawrenceville, GA 30045

(Current mailing address)

8. Mortgage Loan Origination

(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: Windsor Title c/o Natalie Hardwick

Office Address: 5110 Eisenhower Blvd, Suite 102

Tampa

(City)

Florida 33634-8338

(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.

X



(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: Kevin E. Gilmore

Address: 1932 Hillside Bend Crossing
Lawrenceville, GA 30043

Vice Chairman: Jason R. Ponder

Address: 2535 Ozora Church Drive
Lawrenceville, GA 30045

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kevin E. Gilmore, CEO

Address: 1932 Hillside Bend Crossing
Lawrenceville, GA 30043

Vice President: Jason R. Ponder, CFO

Address: 2535 Ozora Church Drive
Lawrenceville, GA 30045

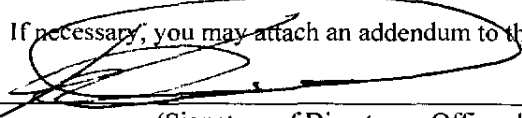
Secretary: Jason R. Ponder

Address: 2535 Ozora Church Drive, Lawrenceville, GA 30045

Treasurer: Jason R. Ponder, CFO

Address: 2535 Ozora Church Drive, Lawrenceville, GA 30045

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. Kevin E. Gilmore, CEO
(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 : 0213957
DATE INC/AUTH/FILED: 03/12/2002
JURISDICTION : GEORGIA
PRINT DATE : 07/25/2005
FORM NUMBER : 211

4-SERENITY, INC.
LARRY WALKER
PO BOX 390428
SNELLVILLE, GA 30039

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

MORTGAGE SOLUTIONS NETWORK, INC.
A GEORGIA PROFIT CORPORATION

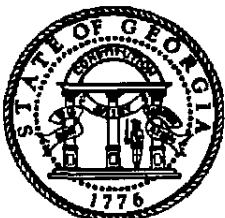
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

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.

20050725170107247



Cathy Cox
Secretary of State