F0.6000000268

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

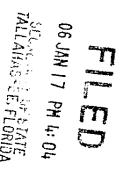
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Moi/ 17/04



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Consumers Mortgage Corporation of Ohio
(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:
Doug Reilly
(Name of Person)
Consumers Mortgage Corporation of Ohio
(Firm (Common))
10749 Pearl Rd. Suite 2D 10749 Pearl Rd. Suite 2D
(Address)
Strongsville, OH 44136
(City/State and Zin code)
A S O S
For further information concerning this matter, please call:
75°
Doug Reilly at (440) 826-1000 x223
Doug Reilly at (440) 826-1000 x223 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy



December 19, 2005

DOUG REILLY CONSUMERS MORTGAGE CORPORATION OF OHIO 10749 PEARL RD. SUITE 2D STRONGSVILLE, OH 44136

SUBJECT: CONSUMERS MORTGAGE CORPORATION OF OHIO

Ref. Number: W05000055587

We have received your document for CONSUMERS MORTGAGE CORPORATION OF OHIO and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 905A000725A0 PM L: 0

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.

	able in Florida, enter alternate corporate n	ame adopted fo	r the purpose of transacting bus	iness in Florida)
Ohio		3. <u>943424</u>	042	
State or country	under the law of which it is incorporated)		(FEI number, if applicable	:)
10/7/02		5. Pernet	บลใ	
(Date	of incorporation)		: Year corp. will cease to exist	or "perpetuad")
37 / 4				P. 6.
N/A	(Date first transacted busine	es in Florida i	forior to registration)	
	(SEE SECTIONS 607.1501 & 60			
				55.
<u>10749 Pear</u>	1 Rd. Suite 2D Strongsvil		36	mc =
	(Principal office	address)		PH 4: 05
			_	물금 유
	(Current mailing	address)		D.(1)
				-
Mortgage	Lending			
(Purpose(s) of corporation authorized in home state	or country to be	carried out in state of Florida)	
Name and stree	t address of Florida registered agent:	P.O. Box <u>NC</u>	OT_acceptable)	
Name:	Barbara Schmitt			
ranc.			• —	•
	104 Wilderness Dr. Suite	138	# 1 Tu	
ice Address:			· ·	
ice Address:				
ice Address:	Naples (City)	, Flo	rida <u>34105</u> (Zip code)	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS .	
Chairman: Doug Reilly	<u></u>
Address: 10749 Pearl Rd. Suite 2D	
Strongsville, OH 44136	
Vice Chairman: Mike Lovell	· ·
Address: 10749 Pearl Rd. Suite 2D	
Strongsville, OH 44136	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Mike Lovell	F 8 8
Address: 10749 Pearl Rd. Sufte 2D	
Strongsville, OH 44136	9
Vice President: Doug Reilly	
Address: 10749 Pearl Rd. Suite 2D	95 05
Strongsville, OH 44136	
Secretary: <u>Doug Reilly</u>	
Address: 10749 Pearl Rd. Suite 2D Strongsville, OH 44136	
Treasurer: Mike Love11	
Address: 10749 Pearl Rd. Suite 2D Strongsville, OH 44136	
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. Doug Reilly CEO (Typed or printed name and capacity of person signing application)	·

State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CONSUMERS MORTGAGE CORPORATION OF OHIO, an Ohio corporation, Charter No. 1344644, having its principal location in Strongsville, County of Cuyahoga, was incorporated on October 07, 2002 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of January, A.D. 2006

Ohio Secretary of State

Validation Number: V200612J569F3