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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
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FILED
06 JAN 15 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

HEMOCOURT NATIONAL MORTGAGE, INC.

Certificate of Status	0
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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.

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1. HomeCourt National Mortgage, Inc.

(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. Indiana

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

3. 20-4218099

(FEI number, if applicable)

4. 01/30/06

(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. 8041 Knue Road, Suite #110, Indianapolis, Indiana 46260

(Principal office address)

8041 Knue Road, Suite #110, Indianapolis, Indiana 46260

(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: License and Compliance Resource, LLC

Office Address: 245 Gray Street

West Palm Beach

(City)

, Florida 33405

(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.

License and Compliance Resource, LLC

By: [Signature]

(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: Roger Copas

Address: 8041 Knue Road, Suite #110, Indianapolis, Indiana 46250

Vice Chairman: N/A

Address: N/A

Director: Roger Copas

Address: 8041 Knue Road, Suite #110, Indianapolis, Indiana 46250

Director: Nick Williams

Address: 8041 Knue Road, Suite #110, Indianapolis, Indiana 46250

B. OFFICERS

President: Roger Copas

Address: 8041 Knue Road, Suite #110, Indianapolis, Indiana 46250

Vice President: N/A

Address: N/A

Secretary: Nick Williams

Address: 8041 Knue Road, Suite #110, Indianapolis, Indiana 46250

Treasurer: Anthony Arceneaux

Address: 4561 Durham Place, Suite C, Baton Rouge, Louisiana 70816

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Roger S.

(Signature of Director or Officer listed in number 12 of the application)

14. Roger Copas - President

(Typed or printed name and capacity of person signing application)

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

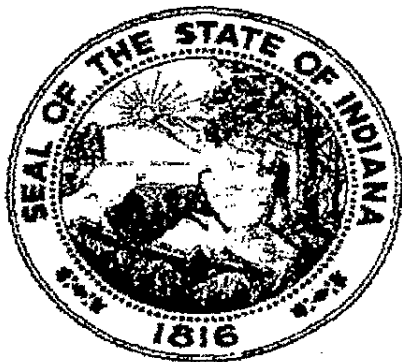
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HEMOCOURT NATIONAL MORTGAGE, INC.

only filed the requisite documents to commence business activities under the laws of State of Indiana on January 30, 2006, and was in existence or authorized to transact business in the State of Indiana on February 15, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of February, 2006.

TODD ROKITA, Secretary of State

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