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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	y/State/Zip/Phone	<del>: #</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO: New Filing Sect Division of Corp			
SUBJECT:	oln Home Mortgag	e_Inc	
	(Name of corpo	ration - must include suffix	()
Dear Sir or Madam:			
The enclosed "Applicati "Certificate of Existence transact business in Flor		for Authorization to Trans to register the above refer	sact Business in Florida," enced foreign corporation to
Please return all correspondent	ondence concerning this m	atter to the following:	
Kimberly Gaw			
·	(Nan	ne of Person)	
Lincoln Home	Mortgage, Inc.		
	(Firm	n/Company)	
113 E. 18th	Street		
	<del></del>	Address)	<del></del>
O	** 40000		
<u> </u>		ate and Zip code)	
For further information of	concerning this matter, plea	ase call:	
Kimberly Gaw	at (270	) 685-1121	
(Name of Perso		rea Code & Daytime Telep	hone Number)
STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	New Filing !	Corporations 27
Enclosed is a check for t	he 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

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING SIND TO 1 Lincoln Home 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) Kentucky 3. 61-1348505
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Aug. 1999
(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. 113 East 18th Street, Owensboro, KY 42303 (Principal office address) 113 Fast 18th Street. Owensboro. KY (Current mailing address) Mortgage Brokers Business Licensing to do Florida Mortgages (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: Monica Caw Moore 2438 Segovia Ave. Office Address: Jacksonville , Florida 32217
(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. more Moor

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

	Maria H	
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A. DIRE	CTORS		

hairman: N/A	06 MAR 10 AN 9:59
ddress:	SEPRETARI LE STATE
ce Chairman: N/A	
dress:	
rector: N/A	
dress:	
rector: N/A	
ddress:	
OFFICERS	
esident: <u>Kimberly Gaw</u>	
ddress: 113 East 18th Street. Owensbor	n. KY 42303
ice President:N/A	
ddress:	
cretary: Kimberly Gaw	
ddress: 113 Fast 18th Street. Owenshor	o. KY 42303
easurer: Kimberly Gaw	
ddress: 118 East 18th Street, Owensbor	o, KY 42303
OTE: If necessary you may artach an addendam to the appl	ication listing additional officers and/or directors.
(Signature of Director or Officer listed in	number 12 of the application)
4. Kimberly Gaw - President	
(Typed or printed name and capacity of	f person signing application)



## Trey Grayson Secretary of State

### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### LINCOLN HOME MORTGAGE, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is June 9, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of March, 2006.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
mstratton/0475447 - Certificate ID: 27798