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(Re	questor's Name)			
(Ad	dress)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to I	iling Officer:			

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D. Brown MAY - 3 2006

COVER LETTER

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TO:	New Filing Section
	Division of Corporations

RESOURCE MORTGAGE CORPORATION OF ILLINOIS

(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:
GREGORY M PARAS
(Name of Person)
RESOURCE MORTGAGE CORPORATION OF ILLINOIS
(Firm/Company)
6912 MAIN STREET, SUITE 100
(Address)
DOWNERS GROVE, IL 60516
(City/State and Zip code)
For further information concerning this matter, please call:
GREGORY M PARAS at (630) 969-9586
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following an	closed is a	check	for the	following	amount
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\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy
[

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

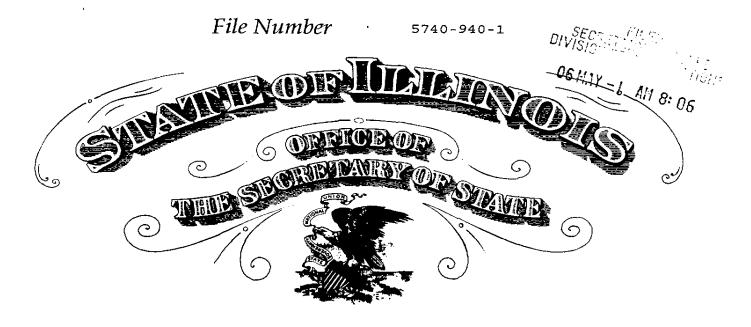
			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	ر ال ال
RESOUR	CE MORTGAGE CORPO	RΑ	ATION G	39
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")			
	CE MORTGAGE CORPO			3
	able in Florida, enter alternate corporate na		adopted for the purpose of transacting business in Florida)	G :
2. ILLINOIS		3.	36-3900127	_
•	under the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} JULY 28,		5.	PERPETUAL	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-
6. N/A				
			n Florida, if prior to registration) 02, F.S., to determine penalty liability)	-
_{7.} 6912 MAIN	I STREET, SUITE 100,		DOWNERS GROVE, IL 60516	
	(Principal office	addı	ress)	-
6912 MAIN	STREET, SUITE 100,		DOWNERS GROVE, IL 60516	
	(Current mailing	addı	ress)	•
8. THE TRANSACTIONS	OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CO	RPO	RATIONS MAY BE INCORPORATED UNDER THE ILLINOIS CORPORATION	IS ACT OF 198:
	of corporation authorized in home state of	r co	untry to be carried out in state of Florida)	•
9. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	KATHERINE ESPINOSA			
Office Address:	13406 DOUBLETREE CI	R	CLE	
	WELLINGTON		, Florida 33414	
	(City)		(Zip code)	
10 Pagistared ag	ant's accontance			

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.

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:	era Firm
A. DIRECTORS	BIVISIO
Chairman: GREGORY M PARAS	O6 May 17 1197
Address: 6912 MAIN STREET, SUITE 100	06 MAY -1 AM 8: 06
DOWNERS GROVE, IL 60516	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: GREGORY M PARAS	
Address: 6912 MAIN STREET	
DOWNERS GROVE, IL 60516	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the ap	nlication)
(Signature of Director or Officer listed in number 12 of the ap 14. GROON M PARAS	Prizery
(Typed or printed name and capacity of person signing appli	ication)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

According to the set of the State of Illinois, this day of APRIL

A.D.

Desse White