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Account Name : CORPDIRECT AGENTS, INC.
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Phone : (850) 222-1173
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FOREIGN PROFIT/NONPROFIT CORPORATION

ABOVE ALL, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Above All, Inc.

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

Above All Mortgage, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota

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

3. 20-2096962

(FEI number, if applicable)

4. 12/20/04

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7825 Washington Avenue South, Suite 630, Bloomington MN 55439

(Principal office address)

7825 Washington Avenue South, Suite 630, Bloomington MN 55439

(Current mailing address)

8. To conduct a mortgage business.

(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston

(City)

Florida 33331

(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.

(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.

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

A. DIRECTORS

Chairman: Keven Saunders

Address: 7825 Washington Avenue South, Suite 630
Bloomington MN 55439

Vice Chairman: none

Address: _____

Director: Tony Moy

Address: 7825 Washington Avenue South, Suite 630
Bloomington MN 55439

Director: Nathan Bannick

Address: 7825 Washington Avenue South, Suite 630
Bloomington MN 55439

B. OFFICERS

President: Keven Saunders

Address: 7825 Washington Avenue South, Suite 630
Bloomington MN 55439

Vice President: Michael Schwab

Address: 7825 Washington Avenue South, Suite 630
Bloomington MN 55439

Secretary: Tony Moy

Address: 7825 Washington Avenue South, # 630 Bloomington MN 55439

Treasurer: Nathan Bannick

Address: 7825 Washington Avenue South, # 630 Bloomington MN 55439

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. Keven Saunders, President

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

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