F06000064413

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SECRETARY OF STATE TALLAHASSEE, FLORID.

John John



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2006

TINA WILLIAMS 1609 MAYBELL TRAIL LAWRENCEVILLE, GA 30044

SUBJECT: ABOUT YOU MORTGAGE SERVICES, INC.

Ref. Number: W06000028917

We have received your document for ABOUT YOU MORTGAGE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with 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) 245-6955.

Suzanne Hawkes Document Specialist

Letter Number: 506A00042292

COVER LETTER

TO: New Filin		R LETTER	OF JUNIOR AM 8: 47
	f Corporations	me Services -	MORE, FLORIE
Sebalet	(Name of corp	Me Services, - oration - must include suff	ix)
Dear Sir or Madan	1:		
	plication by Foreign Corporatio stence," and check are submitten Florida.		
Please return all co	rrespondence concerning this n	natter to the following:	
	Ting Willia		
	(Nat	me of Person)	^
	About Ya (Fin	Mortgage:	Services, Inc.
	1109 m	Abell Trail	
	1	(Address)	. (1)
	Liwrence	State and Zip code)	744
	(City/S	tate and Zip code)	
For further informa	ation concerning this matter, ple	ease call:	
Tirou (Name of	Person) at (La	1999 985-1514 Area Code & Daytime Tele	phone Number)
New Filing Division o Clifton Bu 2661 Exec	f Corporations	New Filing Division of P.O. Box 6	Corporations
Enclosed is a check	for the following amount:		
\$70.00 Filing Fe	e \$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 IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. HOUH WOLLOGGE Senjices, Tro.
(Enter name of corporation; must include INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in-Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Couremently, 6A-30044 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: Office Address: 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: A. DIRECTORS Chairman: IINA Williams Address: 1609 Mailbell awrenceville GA 2004 Vice Chairman: Address: ____ Director: Address: Director: **B. OFFICERS** Laurenceville 6A 30014 Vice President: Address: Secretary: _ Trail (awrenceville, 64 3004) Treasurer:

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

13. Dira Williams

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

14. Tira Willams | President
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ABOUT YOU MORTGAGE SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/09/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of July, 2006

Cathy Cox Secretary of State

Certification Number: 161348-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp