

F06000005126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

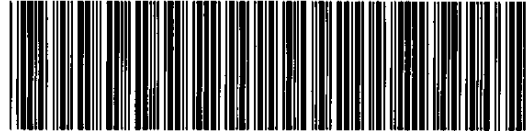
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Certificates of Status \_\_\_\_\_

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08/04/06--01001--007 \*\*78.75

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06 AUG -3 PM 2:47  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
REGISTRATIONS

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2006 AUG -3 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 4 2006

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      KATIE WONSCH

**DATE:**            08/03/2006

**REF. #:**           001448.55689

**CORP. NAME:**   FIRST SOLUTION LENDING, INC.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

**STATE FEES PREPAID WITH CHECK# 3158 FOR \$ 78.75**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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.

1. First Solution Lending, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MN 3. 05-0589958  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11.25.2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3450 Lexington Ave N Shoreview, MN 55126  
(Principal office address)
- SAME AS ABOVE  
(Current mailing address)
8. Correspondent Mortgage Lender  
(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: NEAI Services, Inc.
- Office Address: 2731 Executive Park Dr #4  
Wesley, Florida 33331  
(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.*

7/24/06

by: Lisa Reeves Lisa Reeves, Assistant Secretary  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Jeff Taylor

Address: 10500 Sanctuary Drive  
Blaine, MN 55449

Vice President: Arnon Vakaty

Address: 5691 159th Court N  
Hugo, MN 55088

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. Jeff Taylor President

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

First Solution Lending, Inc.

<u>NAME</u>	<u>TITLE</u>	<u>%</u>	<u>BIRTHDATE</u>	<u>SS#</u>
Jeff Michael Taylor	President	90	[REDACTED]	[REDACTED]
Aron Michael Vokaty	Vice President	9	[REDACTED]	[REDACTED]
Dawn	Funder	1	[REDACTED]	[REDACTED]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; that this corporation is authorized to do business as a corporation at the time this certificate is issued; and that amendments to the articles of that corporation were filed on the dates listed below.

Name: First Solution Lending, Inc.

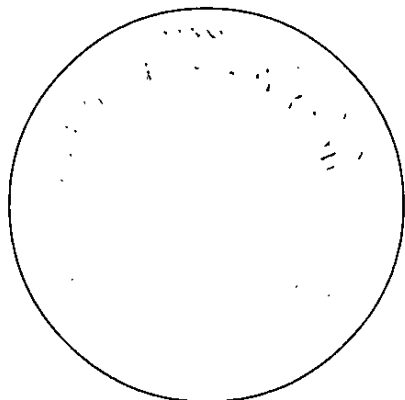
Date Formed: 11/25/2003

Chapter Governed By: 302A

Amendments Filed On:

11/25/2003 ORIG FILING 3450 Lexington Ave N #110  
Shoreview MN 55126-  
NAME First Solution Lending, Inc

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TALLAHASSEE, FLORIDA



*Mary Kiffmeyer*  
Secretary of State.

State of Minnesota

# SECRETARY OF STATE

-2-

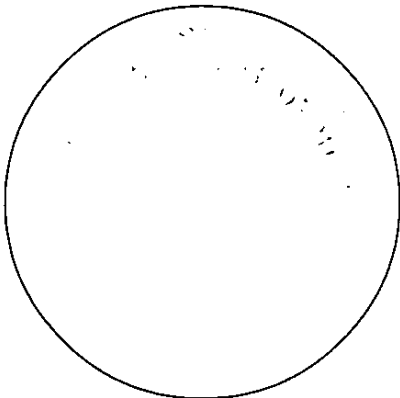
02/02/2004 NAME First Solution Lending, Inc.  
02/28/2006 CONSENT First Solution Lending

This certificate has been issued on 07/27/06.

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TALLAHASSEE, FLORIDA



*Mary Kiffmeyer*  
Secretary of State.