# 16000006187

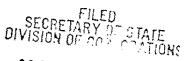
(Re	questor's Name)			
(Ad	dress)	<u></u>		
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(Cit	y/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(8u	siness Entity Nan	ne)		
·	•	•		
(Do	cument Number)			
Certified Coples	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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#### **COVER LETTER**

06 SEP 27 AM 10: 06

TO: New Filing Section Division of Corporations						
SUBJECT: ATUNTA INTERES (Nan	T MORTGAGE AND FINANCIAL GROUP, INC. ne of corporation - must include suffix)					
Dear Sir or Madam:						
	Corporation for Authorization to Transact Business in Florida," e submitted to register the above referenced foreign corporation to					
Please return all correspondence concern	ning this matter to the following:					
	(Name of Person)					
ATLANTA INTEREST MORTGALS AND FINANCIAL GROUP, WE (Firm/Company)						
	• • • •					
	(Address)					
ATLANTA, GA	4 30339 (City/State and Zip code)					
	(City/State and Zip code)					
For further information concerning this	matter, please call:					
TIMOTHY J CABRERA	at (770 ) 980-1313 X 227					
TIMOTHY J CABRERA at (770) 980-13/3 X 227  (Name of Person) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRE 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 ar	mount:					
\$70.00 Filing Fee \$78.75 Filing Certificate	ng Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, e of Status Certified Copy Certificate of Status & Certified Copy					

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

REGISTER A FOR	REIGN CORPOR	ATION TO TRANSA	CT BUSINE	S, THE FOLLOWING IS SS IN THE STATE OF F FINANCIAL 680 PANY," "CORPORATIO	LORIDA.	ON SECURITY
"Inc.," "Co.," "Co	orp," "Inc," "Co," o	r "Corp.")	,		• ' '	S S
(If name unavaila	ble in Florida, ente	er alternate corporate n	ame adopted	for the purpose of transacti	ng business in Flori	
					_	OF OF
(State or country)	inder the law of wi	nich it is incorporated)		2000 28292 (FEI number, if app	olicable)	
4. 5/4	1/2003		5	PERPETUAL on: Year corp. will cease to		
(Date	of incorporation)	=	(Duration)	on: Year corp. will cease t	o exist or "perpetual	<u>")</u>
6						
				if prior to registration) to determine penalty liabil	ity)	·
7 1827	Powers FER					2×225
, <u>, , , , , , , , , , , , , , , , , , ,</u>	72.0	(Principal office	address)	SUME 200E	HILDIOTH, CH	<u> </u>
		SOME	as AR	DVE		
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	(Current mailing	address)	OVE		
8		MORTG46				,
(Purpose(s	of corporation aut	horized in home state	or country to	be carried out in state of FI	orida)	
9. Name and stree	t address of Floric	da registered agent:	(P.O. Box <u>N</u>	OT acceptable)		
Name:	ROBERT	BERKOWIT	2	- + 2.		·
Office Address	7000 50	597H A.			-	
Office Address:				<u></u>		
	SOUTH N	(City)	, F	lorida 33/43		
		(City)		(Zip code)		
10. Registered ag	ent's acceptance	A•				
Having been nam	ed as registered a	gent and to accept s	ervice of pro	cess for the above state	d corporation at ti	he place
designated in this further weree to co	application, I hel analy with the ar	reby accept the appo ovisions of all statut	intment as r les relative ta	egistered agent and agr the proper and comple	ee to act in this ca te performance of	ipacity. I Emy duties
and I am familiar	with and accept	the obligations of m	r position as	registered agent.	ie perjormance of	my unites,
		00				
	أسا	545			. *	
_						
	(Re	gistered agent's signat	ure)			
				e than 90 days prior to d		
the Department of	State, by the Secr	retary of State or other	er official ha	ving custody of corporat	e records in the ju	risdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	SECRETARY
A. DIRECTORS	DIVISION OF BOX STATE
Chairman:	06 SEP 27 AMID: 06
Address:	
Vice Chairman:	
Address:	
Director:	
Adding	
Address:	
B. OFFICERS	
President: TIMOTHY J CABRERA	
	SUITE 200E
ATGNTA GA 30339	-
Vice President:	-
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	<u> </u>
NOTE: 16 and 16	Historia of Common and Handley
NOTE: If necessary, you may attach an addendum to the application listing ac	iditional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of	the application)
14. TIMOTHY J CABRERA PRESIDENT	·
(Typed or printed name and capacity of person signing	

Control No. 0328722

## 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

## ATLANTA INTEREST MORTGAGE AND FINANCIAL GROUP, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 05/21/2003 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 14th day of August, 2006

> Cathy Cox Secretary of State

Certification Number: 232612-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp