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. 3	(Requestor's Name)
······································	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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2006 SEP 28 PM 2: 4
SECRETARY OF STATE
SECRETARY OF FLORID

T. Burch SEP 29 2008.

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Preferred Lending Gro (Name of corporation - must include suffix)	up, Inc.	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence," and check are submitted to register the above referent transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Beth Allen		
(Name of Person)		
Preferred Lending Gro	rup, Inc.	
3910 Huy 81, SW (Address)		
Loganville, GA 30052 (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Beth Allen at (70) 466-19 (Name of Person) at (Area Code & Daytime Teleph		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee - \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



RECEIVED .

FLORIDA DEPARTMENT OF STATE SEP 28 AM 10: 49

Division of Corporations

CUPARTMENT OF STATE DIVISION OF CONFORATIONS TALLAMASSEE, FLORIDA

September 11, 2006

BETH ALLEN 3910 HWY 81 SW LOGANVILLE, GA 30052

SUBJECT: PREFERRED LENDING CORPORATION

Ref. Number: W06000039856

We have received your document for PREFERRED LENDING CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

The entity's date of incorporation/organization must be listed in the document.

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) 245-6928.

Tim Burch Document Specialist

Letter Number: 006A00054717

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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. Preferred Lending Group, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")
Preferred Lending Corporation (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
41214198
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3910 Huy 81 SW Loganville GA 3005 \$
Courrent mailing oddress) (Courrent mailing oddress)
8. Mortagae, lendur of (Purpose(s) of corporation authorized in home state by country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: Nicole McMurphy Office Address: 151 Regions Way Crystal Beach Ctr. Bldg 6 Destrin (City) Ploride 32541 (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. (Rogistered 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 Scoretary 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:	TALLS SEC
Address:	AE SE TO
	28 ART
Vice Chairman:	P P D
Address:	2: 47 TATE ORIDA
Director:	
Address:	· · · · · ·
Director:	
Address:	
B. OFFICERS	
President: Elizabeth A. Allen	
Address: 3910 Hwy 81 8W	
100000116 No 30052	
Vice President: Richard G. Allen Jr.	
Address: 3910 Hwy 81, 8W	
Loganville, 1/3 30052	
Secretary: Cathy Collins	
Address: 3910 Huy 81, SW Loganville	2, Ma 30052
Treasurer:	· ·
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	ıd/or directors.
\mathcal{A}	و _ ا
(Signature of Director Officer listed in number 12 of the application)	
14 Elizabeth A. Allen	
(Typed or printed name and capacity of person signing application)	

Control No. **K843775**

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

PREFERRED LENDING GROUP, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/04/1998 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 26th day of September, 2006

Cathy Cox Secretary of State

Certification Number: 310340-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp