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DIVISION OF CORPORATIONS
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: CMGI, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Hany Onak (Name of Person)
(Name of Person)
CALTAL MORTHAGE GROUP, INC
12916 Swedes St (Address)
(City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
HANY OMAR at ( 703 ) 629.4061
Name of Person) at (703 ) 629. 4061  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee, } \\ \text{Certificate of Status & Certified Copy & Certificate of Status & Certified Copy } \end{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. Capital Mortgage Group, Inc.
(Enter name of corporation; must include INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") CMGT, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

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

(FEI number, if applicable)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Hornse(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) SUSAN Urban

136 Park ROAD NORTH

ROYAL PARM BEACH , Florida 33411

(City) (Zip code) 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.

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### State Corporation Commission

### I Certify the Following from the Records of the Commission:

CAPITAL MORTGAGE GROUP, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 24, 1999.

Nothing more is hereby certified.

DIVISION OF CORPORATIONS
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Signed and Sealed at Richmond on this Date: October 13, 2006

Joel H. Peck, Clerk of the Commission