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Office Use Only



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C.S.11-13

#### **COVER LETTER**

Somo		
SUBJECT: Some	rset Mortgage Corporation	
BODSECI.	(Name of corporation - must include suffix)	٠
Dear Sir or Madam:		
	ion by Foreign Corporation for Authorization to Transact Business in Florida," e," and check are submitted to register the above referenced foreign corporation to ida.	
Please return all correspond	ondence concerning this matter to the following:	
Paul H. Sanders	s III	
	(Name of Person)	··• · · · · · · · · · · · · · · · · · ·
Somerset Mortg	age Corporation	
	(Firm/Company)	e de la companya de l
300 Main Street,		
	(Address)	*.14
St. Simons Islan		
	(City/State and Zip code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	concerning this matter, please call:	
Paul H. Sanders (Name of Person	III at ( 912 ) 638-2020 Ext 14	<del></del> - <u>-</u> .

# 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.

Somerset Mortgage Corporation	
(Enter name of corporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2 Georgia 3,	58-2519281
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
<sub>4,</sub> 2/22/2000 <sub>5.</sub>	Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. n/a	
	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7 300 Main Street, Suite 301, St. Simons	
7. (Principal office ad	
(Current mailing ad	dress)
Mortage Droker Ducinger	
8. Mortgage Broker Business (Purpose(s) of corporation authorized in home state or or	country to be carried out in state of Florida)
,	
9. Name and street address of Florida registered agent: (P.	
Name: <u>CAMERON</u> DENISE	
Office Address: 152 EGUN PARKWA	YNE (A. Rex 16 B)
FT. WALTON BEACH	
(City)	(Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept ser	vice of process for the above stated corporation at the place
designated in this application, I hereby accept the appoin further acree to comply with the provisions of all statutes	tment as registered agent and agree to act in this capacity. I relative to the groper and complete performance of my duties,
and I am familiar with and accept the obligations of my p	
	/
Registered agent's signatur	(e) //
	d, not more than 90 days prior to delivery of this application to
	official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Nam	es and business addresses of officers and/or directors:		E	11			
A. DIRE	ECTORS			ILED			
Chairman	Paul H. Sanders III		05 NOV	13 PH 2	16 -		<del></del> , .
Address:	300 Main Street, Suite 301	-: ,	TALLANG	SY OF STA	TE	<u>_</u>	<del>-</del> -
	St. Simons Island, GA 31522				D4		- 
Vice Chai	irman: n/a		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·		* * *		•	· • • • • • • • • • • • • • • • • • • •
						•	
Director:	n/a				-	, ,	
Address:			<del></del>				
Director:		Tile:					
Address:	New A						
				- (1)		•	
B. OFF	ICERS	• • •		* T. 4.5	- <del>4</del> + \$7	e esant l	मर बंबर्ग :
	Paul H. Sanders III						
	300 Main Street, Suite 301		,				
2 2001 000.	St. Simons Island, GA 31522			, f	<u> </u>	,	
Vice Pres	ident: n/a	** · •			¥-	. *	
		- # F 8	<del>-3; , /                                 </del>	3 N - 3	. ,		<u> </u>
1100.000.			<del>-</del> ; · · ·		ř. , %,	<del>-</del> ,	- ,
Secretary:	Paul H. Sanders III				No. of		· <u>a.</u> , - ·
Address:	300 Main Street, Suite 301, St. Simons	Island	d, GA 31	522	_ <sub>2</sub> ==		
Treasurer:	Paul H. Candora III			F 2: 1	· · · -	- ° 5.	
Address:	300 Main Street, Suite 301, St. Simons	Island	d, GÅ 31	522		, - <u></u> ,	
1	If necessary on may attach an addendum to the application of Director or Officer listed in nur				or directo	rs.	
14. <u>Par</u>	ul H. Sanders III President Sec-						<del></del>
	(Typed or printed name and capacity of per	rson sign	ıng applicati	on)			

Control No. 0009575

## 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

#### SOMERSET MORTGAGE CORPORATION

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 02/22/2000 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 30th day of August, 2006

Cathy Cox Secretary of State

Certification Number: 262880-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp