## F06000007814

| (Requestor's Name)                      |               |  |  |
|---|---------------|--|--|
|   |               |  |  |
| (Address)                               |               |  |  |
|   |               |  |  |
| (Address)                               |               |  |  |
|   |               |  |  |
| (City/State/Zip/Phone #)                |               |  |  |
|   |               |  |  |
| PICK-UP WAIT                            | MAIL          |  |  |
|   |               |  |  |
| (Business Entity N                      | lame)         |  |  |
|   |               |  |  |
| (Document Numb                          | er)           |  |  |
|   |               |  |  |
| Certified Copies Certifica              | tes of Status |  |  |
| · <del></del>                           |               |  |  |
|   |               |  |  |
| Special Instructions to Filing Officer: | ,             |  |  |
|   |               |  |  |
|   |               |  |  |
|   |               |  |  |
|   |               |  |  |
|   |               |  |  |
|   | ·             |  |  |
|   |               |  |  |

Office Use Only



100082601261

12/19/06--01049--008 \*\*78.75

OS OFF TO PM 2.11

1/#

## **COVER LETTER**

| TO: New Filing Section Division of Corporations   | •   |  |  |
|---|---|--|--|
| SUBJECT: UNIVERSAL MORTGAGE CONSULTANTS, INC.  (Name of corporation - must include suffix)  |   |  |  |
| Dear Sir or Madam:  |   |  |  |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida. |   |  |  |
| Please return all correspondence concerning this matte  | r to the following:   |  |  |
| PETER DJURIC  |   |  |  |
| (Name of Person)  |   |  |  |
| UNIVERSAL MORTGAGE CONSULTANTS, INC.  |   |  |  |
| (Firm/Co  | ompany)   |  |  |
| 1900 W. CHICAGO AVE.  |   |  |  |
| ·   | lress)  |  |  |
| CHICAGO, IL 6062  |   |  |  |
| (City/State and Zip code)   |   |  |  |
| For further information concerning this matter, please call:  |   |  |  |
| PETER DJURIC at (773 ) 423 - 2222   |   |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |   |  |  |
|   |   |  |  |
| CTDDET/COVDID ADDRESS   | MAN ING APPRICA   |  |  |
| STREET/COURIER ADDRESS: New Filing Section  | MAILING ADDRESS: New Filing Section   |  |  |
| Division of Corporations  | Division of Corporations  |  |  |
| Clifton Building 2661 Executive Center Circle   | P.O. Box 6327 Tallahassee, FL 32314   |  |  |
| Tallahassee, FL 32301   | Tallalla 5500, 1 E 52514  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |
| \$70.00 Filing Fee \$\times 1878.75 Filing Fee & Certificate of Status  | \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & 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.

| LUHWERS                                   | SAL MORTGAGE COUS   | ULTANTS, INC   | _          |
|---|---|--|------------|
| (Enter pame of c                          | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") |  |            |
|   |   | ·  |            |
| (If name unavail                          | able in Florida, enter alternate corporate name                       | adopted for the purpose of transacting business in Florida)  | 15 S       |
| 2. ILLIHOI                                | S   | 20-0249185   | NE DEC, 19 |
| (State or country                         | under the law of which it is incorporated)                            | (FEI number, if applicable)  | 9          |
| 4. 6/19                                   | 12003   | (Duration. Year corp., will cease to caust or "perpetual")   | - Pg       |
| (Date                                     | of incorporation)   | (Duration. Year corp, will cease to exist or "perpetual")  | PH 3: 44   |
| 6. NA                                     |   |  | _ =        |
|   |   | in Florida, if prior to registration) 1502, F.S., to determine ponalty liability)                                  |            |
| 7 1900 W. CHICAGO AVE., CHICAGO, IL GOGZZ |   |  |            |
| <b>C</b> .                                | (Principal office ad  | dress)   |            |
| SAME                                      | AS A BOVE (Current mailing ad   | denach   | _          |
|   | (Congu maning 20  | m css)   |            |
| 8 TO TRA                                  | HSACT BUSINESS  |  |            |
| (Purpose(s                                | s) of corporation authorized in home state or o                       | country to be carried out in state of Plorida)   | -          |
| 9. Name and stree                         | et address of Florida registered agent: (P.                           | O. Box NOT acceptable)   |            |
| Namo:                                     | REGISTERED AGENT SOLUTIO  | ons'inc-   |            |
| Office Address:                           | 155 OFFICE PLAZA NR., SUI   | ITE A  |            |
|   | TALLAHASSEE   | , Florida <u>32301</u>   |            |
| •   | (City)  | (Zip code)   |            |
| 10. Registered a                          | gent's acceptance:  |  |            |
|   |   | rice of process for the above stated corporation at the<br>Iment as registered agent and agree to act in this cape |            |
| further agree to c                        | omply with the provisions of all statutes.                            | relative to the proper and complete performance of m   |            |
| and I am familia                          | with and accept the philipations of my p                              | osttion as registered agent.   |            |
| · v                                       | <i>1</i> · <u>1</u>   |  |            |
| NEON WW                                   |   |  |            |
| _   | (Registered agent' aignature  | )  | •          |
|   |   | a mana di tabi ministra di sa  |            |

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 of 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:  | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS |  |
|---|--|--|
| A. DIRECTORS — W/A  |  |  |
| Chairman:   | 06 DEC 19 PM 3: 44                             |  |
| Address:  |  |  |
|   |  |  |
| Vice Chairman:  |  |  |
| Address:  |  |  |
|   |  |  |
| Director:   |  |  |
| Address:  |  |  |
|   |  |  |
| Director:   |  |  |
| Address:  |  |  |
| a   |  |  |
| B. OFFICERS   |  |  |
| President: PETER DJURIC   |  |  |
| Address: 810 N. WOLCOTT AVE., A   |  |  |
| CHICAGO, IL BOBAR   |  |  |
| Vice President:   |  |  |
| Address:  |  |  |
|   |  |  |
| 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 n   | number 12 of the application)                  |  |
| 14. PETER DJURIC, PRESID  | ••   |  |
| (Typed or printed name and capacity of person signing application)  |  |  |



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UNIVERSAL MORTGAGE CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 19, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0634703826

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH

day of

**DECEMBER** 

A.D.

2006

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE