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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	. MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED

2006 DEC 29 PH 3: 16

SECRETARY OF STATE

cd.12/29



Regulatory Counsel Group, Inc.

www.regulatorycounsel.com

Mortgage Licensing & Compliance Advisors

December 21, 2006

Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, FL 32301
(850) 245-6051

RE: In Good Hands, Corp.

To Whom It May Concern:

This provides you with information on behalf of <u>In Good Hands, Corp.</u> to establish them as a foreign company to transact business in your State doing business as <u>IGH</u>. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

- 1. A check in the amount of \$78.75 (\$70.00 filing fee and \$8.75 for Certificate of Status)
- 2. Two (2) original Applications for Authorization (signed)
- 3. Certificate of Good Standing
- 4. A check in the amount of \$50.00 (filing fee)
- 5. Two (2) original Applications for Fictitious Name (signed)
- 6. A self-addressed, stamped envelope to send one approved, original back to RCG's attention.

<u>Please send all correspondence to:</u>

Regulatory Counsel Group, Inc.

800 Abbey Court

Alpharetta, GA 30004

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at lesser@rcgteam.com, or via fax at (770) 992-0779.

Sincerely,

Lisa A. Lesser

Assistant Account Executive

Enclosures

COVER LETTER

New Filing Section Division of Corporations				
SUBJECT: In Good Hands, Corp.				
(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 ransact business in Florida.				
lease return all correspondence concerning this matter to the following:				
Lisa A. Lesser				
(Name of Person)				
Regulatory Counsel Group, Inc.				
(Firm/Company)				
300 Abbey Court				
(Address)				
Alpharetta, GA 30004				
(City/State and Zip code)				
or further information concerning this matter, please call:				
Regulatory Counsel at (770) 992-7779				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL 32301				
nclosed is a check for the following amount:				
\$70.00 Filing Fee \(\subseteq \) \$78.75 Filing Fee & \(\subseteq \) \$78.75 Filing Fee & \(\subseteq \) \$87.50 Filing Fee, \(\text{Certificate of Status} \) Certified Copy \(\text{Certified Copy} \) 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.

_{1.} In Good	Hands, Corp.				
	corporation; must include "INCORPORATE corp," "Inc," "Co," or "Corp.")	ΞD,	" "COMPANY," "CORPORATION,"		
,					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in Florida)	
_{2.} New York		3.	20-5818615		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable	·)	
4. 10/31/20	006	5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")	
6. N/A					
_			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_{7.} 256C-1 V	Vest Old Country Rd., I				
	(Principal office a	ıddı	ress)		
221 N. Id	wa Ave. Massapequa,	, 1	NY 11758		
	(Current mailing a	add	ress)		
8. Corresp	ondent Mortgage Lend	eı	<u>. </u>		
(Purpose(s	e) of corporation authorized in home state or	r co	ountry to be carried out in state of Florida)	7A 28	
9. Name and street	et address of Florida registered agent: (I	P.C	. Box NOT acceptable)	ECR ECR	77
Name:	NRAI Services, Inc.			2006 DEC 29 SECRETARY TALLAHASS	
Office Address:	2731 Executive Park I	Dı	<u>r.,</u> Ste 4	PM 3: 16 SEE, FLORI	
	Weston		, Florida 33331	FLOG FLOG	
	(City)		(Zip code)	器 6	
10. Registered as	gent'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.

(Registered agent's signature) Scott Scher, Assistant Secretary

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.

12. Names and busi	ess addresses of officers and/or directors:
A. DIRECTORS	ness addresses of officers and/or directors:
Chairman:	2006 DEC 29 PM 3: 16
Address:	TALLAHASSEE, FLORIDA
	LE, FLORIDA
Vice Chairman:	
Address:	
Director: Rachae	el Giannetti
	lowa Ave., Massapequa, NY 11758
Director:	4
Address:	
	·
B. OFFICERS	
President: Racha	
Address: 221 N.	Iowa Ave., Massapequa, NY 11758
<u></u>	
Vice President:	· · · · · · · · · · · · · · · · · · ·
Address:	
Sacratary: Vacar	<u> </u>
Secretary.	
Treasurer: Vacar	t
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 number 12 of the application)
Rachael G	(Signature of Director or Officer listed in number 12 of the application)
14. Tachaer C	(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IN GOOD HANDS, CORP. was filed on 10/31/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of December two thousand and six.

Special Deputy Secretary of State

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