

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NMC Mortgage Corporation

(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:

Dean Mauldin, Compliance Manager

(Name of Person)

NMC Mortgage Corporation

(Firm/Company)

7007 College Blvd, suite 150

(Address)

Overland Park, KS. 66211

(City/State and Zip code)

For further information concerning this matter, please call:

Dean Mauldin

(Name of Person)

at (913) 387-1272

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
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.*

1. **NMC 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. **Kansas** 3. **48-1206756**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **Sept, 28, 1998** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **None**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **7007 College Blvd, suite 150 Overland Park, KS. 66211**
(Principal office address)
7007 College Blvd, suite 150 Overland Park, KS. 66211
(Current mailing address)

8. **Mortgage Broker**
(Purpose(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)

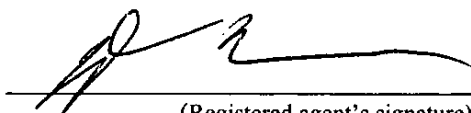
Name: **NRAI Services**

Office Address: **2731 Executive Park Drive, Suite 4**

Weston, , Florida **33331**
(City) (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.



(Registered 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 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Randy Kent (100% owner)

Address: 7007 College Blvd, suite 150 Overland Park, KS. 66211

Vice Chairman: _____

Address: _____

Director: Randy Kent

Address: 7007 College Blvd, suite 150 Overland Park, KS. 66211

Director: _____

Address: _____

B. OFFICERS

President: Randy Kent

Address: 7007 College Blvd, suite 150 Overland Park, KS. 66211

Vice President: _____

Address: _____

Secretary: Bill Galloway

Address: 7007 College Blvd, suite 150 Overland Park, KS. 66211

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 number 12 of the application)

14. Bill Galloway, Secretary

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,

**NMC MORTGAGE CORPORATION
KANSAS FOR PROFIT CORPORATION**
Business Entity ID Number: 2654697

was filed in this office on September 29, 1998 and has complied with the
applicable provisions of the laws of the State of Kansas and on this date is in
good standing and authorized to transact business or to conduct its affairs
within this state.

Dated: 01/04/2007

For Validation:

Certificate ID: **58153**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA