| (Requestor's Name) (Address) |
|--|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Dan Jernman GAVE AUTHORIZATION TO PHONE TO LOANE CORPECT OFFICE DATE DATE DI 18 07 DOC EYAM |

4099 wow-53023



700082155387

12/07/06--01031--002 **87.50

COVER LETTER

| | | | | - / | |
|--|---|------------------------------|---|--|--|
| | Filing Section ion of Corporations | | | TECHNICAL CAME | |
| O Z ZBO Z ZZ ZZ ZZ | Croggroade | Mortoage | Corporation | | |
| SUBJECT: | | | ation - must include s | | |
| . | · | • | | • | |
| Dear Sir or M | ladam: | | | | |
| 'Certificate o | "Application by Foreign of Existence," and check a ness in Florida. | Corporation for submitted to | for Authorization to I to register the above t | ransact Business in Florida," referenced foreign corporation to | |
| Please return | all correspondence conce | rning this mat | tter to the following: | | |
| Dan Lem | nerman | <u> </u> | | | |
| | | (Name | e of Person) | | |
| Crossroa | ads Mortgage Co | rporatio | n | | |
| | | (Firm/ | Company) | | |
| 300 Red | Brook Blvd Sui | te 104 | | | |
| | | (A | ddress) | | |
| Owinaa N | Mills, MD 21117 | 1 | | | |
| OWENGO ! | <u> </u> | (City/Sta | te and Zip code) | | |
| | | | | | |
| For further in | formation concerning this | s matter, pleas | e call: | | |
| | - | · | | | |
| Dan Lemn | nerman | _at (443 | 443-394 | | |
| (Nan | ne of Person) | (Arc | ea Code & Daytime T | Telephone Number) | |
| | | | | | |
| aren i | ormicorinten anno | Paa | ***** | NO ADDROC. | |
| STREET/COURIER ADDRESS: New Filing Section | | ess: | MAILING ADDRESS: New Filing Section | | |
| Division of Corporations | | | Division of Corporations | | |
| | on Building | | P.O. Box 6327 | | |
| | Executive Center Circle hassee, FL 32301 | | Tallahas | ssee, FL 32314 | |
| inclosed is a | check for the following a | imount: | | | |
|]\$70.00 Fili | | ing Fee & te of Status | \$78.75 Filing Fed Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |



HLED

FLORIDA DEPARTMENT OF STATE 07 JAN 18 FIL4: 18 Division of Corporations

December 8, 2006

TWO days of CIATE

DAN LEMMERMAN 300 RED BROOK BLVD. SUITE 104 OWINGS MILLS, MD 21117

SUBJECT: CROSSROADS MORTGAGE CORPORATION

Ref. Number: W06000053023

We have received your document for CROSSROADS MORTGAGE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filing Section

Letter Number: 806A00070248

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.

| | OADS MORTGAGE CORPORATION | - · · · · · · · · · · · · · · · · · · · | | - F- A |
|-------------------|---|---|---------------------------------------|-----------------------|
| (Enter name of c | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | - |
| ,, | orp. Inc., co., or corp. , | | | |
| CROSSR | OADS MORTGAGE CORPORATION OF BO |)CA | | ۔ سی |
| (If name unavaila | able in Florida, enter alternate corporate name ad | opted for the purpose of transacting b | ousiness in Florida) | • |
| 2 <u>Maryland</u> | 3 | 52-2190086 | | |
| | under the law of which it is incorporated) | (FEI number, if applica | ible) | |
| 4. 08/25/19 | | PERPETUAL | | 4 - |
| • | • ' | Duration: Year corp. will cease to ex | ist or "perpetual") | · |
| 6UPON QUA | ALIFICATION | · · · · · · · · · · · · · · · · · · · | | |
| | (Date first transacted business in F | | | |
| | (SEE SECTIONS 607.1501 & 607.1502 | | | |
| 7. 300 Red | Brook Blvd, Suite 104 Owi (Principal office addres | | | · 4= |
| has one | Brook Blvd, Suite 104 Owi | <i>'</i> | | |
| | (Current mailing eddres | | | f = 1 · · · · · · · · |
| | | | | |
| 8. Mortgage | Broker | | 3 S | |
| (Purpose(s |) of corporation authorized in home state or coun | try to be carried out in state of Florida | a) | |
| 9. Name and stree | t address of Florida registered agent: (P.O. I | Box NOT acceptable) | | <u> </u> |
| | C T Corporation System | . , | | |
| Name: | C 1 COLDOTACION DYBECK | <u> </u> | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |) |
| Office Address: | 1200 South Pine Island Re | oad | 환경 독 | |
| | Plantation, | , Plogida 33324 | 35 m = | |
| | (City) | (Zip code) | • • | |
| 10. Registered ag | ent'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.

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

| A. DIRE | | | | | |
|-------------|--|------------------|-----------------|-----------|-------------------|
| Chairman: | DAN LEMMERMAN | | | | <u> </u> |
| Address: _ | 3748 GREENWAY LANE | | | | |
| | OWINGS MILLS, MARYLAND 21117 | - | <u></u> | à | <u> </u> |
| Vice Chair | man: | ·= ·: | | | |
| | | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |
| Address: _ | | | | | <u> </u> |
| _ | | | | • | |
| Director: _ | | *148 | <u>.</u> | 4 2 | <u> </u> |
| Address: _ | | | | 07_ | |
| - | | <u></u> | | - | <u> </u> |
| B. OFFIC | CERS | | | | |
| President: | Dan Lemmerman | | | , | 7 - |
| | 3748 Greenway Lane | | | <u></u> | |
| Address: _ | Owings Mills, MD 21117 | | * | ~~ | · . |
| | | | | | |
| | lent: | | | | |
| Address: _ | | | <u> </u> | | |
| | | <u>*</u> * | | | |
| Secretary: | Deborah Lemmerman | | <u></u> | · · | |
| Address: _ | 3748 Greenway Lane | *: ·-#\$ | r | <u> </u> | |
| Treasurer: | Owings Mills, MD 21117 | · | | | * · . |
| Address: _ | | <u> </u> | | | · - |
| NOTE: 1 | | 5.5% | cc 1/ 1 | . , | |
| | I necessary, you may attach an addendum to the application lists | ng additional o | micers and/or d | irectors. | |
| 13 | (Signature of Director or Officer listed in number 1) | 2 of the applica | ntion) | | · · · · · · |
| 14. | Dan Lemmerman | wiring | , | | |
| | (Typed or printed name and capacity of person sig | ning application | on) | | <u> </u> |

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CROSSROADS MORTGAGE CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 28, 2006.

Paul B. Anderson Charter Division

O7 JAN 18 PILED



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097