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(Re	equestor's Name)	
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PICK-UP	W AIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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SECULIARY OF STATE

T. Burdfi HAR, 1-4-2003

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: PRE	MIERE SERVICE	MORTGA	SE CORPORATION	
	-			n - must include suffix)
Dear S	ir or Madam:				
"Certif		nce," and check are su			act Business in Florida," enced foreign corporation
Please	return all corre	spondence concerning	g this matter	to the following:	
	GERALD	MATIYOW		<u>.</u> .	
			(Name of	Person)	
	PREMIE	RE SERVICE MO	RTGAGE	CORPORATION	
	<u> </u>		(Firm/Cor	mpany)	
	62 <u>66</u> 0	CENTRE PARK DR	IVE _	900 PR	<u> </u>
			(Addr	ess)	
	WEST C	CHESTER, OHIO	45069		. ·
			(City/State a	nd Zip code)	
For fur	ther informatio	n concerning this mat	ter, please c	all:	
GEF	RAID MATIY	OW at	(513) 779-1020	
	(Name of Per	rson)	(Area C	Code & Daytime Teleph	none Number)
	STREET/CO	URIER ADDRESS:		MAILING A	ADDRESS:
	Registration S			Registration S	
	Division of Concentration Clifton Buildi			Division of C P.O. Box 632	-
		e Center Circle		Tallahassee, I	
Enclose	ed is a check fo	r the following amou	nt:		
5 \$70	.00:Filing Fee	\$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



March 7, 2007

GERALD MATIYOW 6266 CENTRE PARK DRIVE WEST CHESTER, OH 45069

SUBJECT: PREMIERE SERVICE MORTGAGE CORPORATION

Ref. Number: W07000011480

We have received your document for PREMIERE SERVICE MORTGAGE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

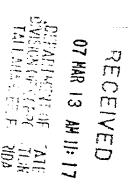
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6928.

Tim Burch Document Specialist

Letter Number: 407A00016420



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.	PREMIERE SERVICE: 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)	٠	
2.	. KENTUCKY 3. 61-1271407		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	AUGUST 25. 1994 5 PERPETUAL		
• • •	. AUGUST 25, 1994 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")		
б.	WAITING FOR REGISTRATION		
٠,	(Date first mansacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7	6266 CENTRE PARK DRIVE, WEST CHESTER, OHIO 45069		
1.	(Principal office address)		
	6266 CENTRE PARK DRIVE, WEST CHESTER, OHIO 45069	20	
	(Current mailing address)	=======================================	
	Frank (FT)	Ŕ	7
8.	MORTGAGE BROKERAGE		F
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		IT
9.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	.> ₹	
	Name: InCorp Services, Inc.	מ	
0	Office Address: 17888 67th Court North	•	
	Loxahatchee , Florida 33470		
	(City) (Zip code)		•
H de fu	0. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the pla esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my uties, and I am familiar with and accept the obligations of my position as registered agent.		
	Larah Milian on behalf of Incorp Services (Registered agent's signature)	z li	/ ~ (

1). 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:

Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: GERALD MATIYOW Address: 153 NURMI DRIVE FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	A. DIRECT	OKS .
Address: Director: Address: B. OFFICERS President: GERALD MATIYOW Address: 153 NURMI DRIVE FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESIDENT	Chairman:	
Director: Address: B. OFFICERS President: GERALD MATIYOW Address: FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESIDENT	Address:	
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B. OFFICERS President:GERALD_MATIYOW Address:	Address:	
President: GERALD MATIYOW Address: 153 NURMI DRIVE FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Treasurer: Addre		
Address: 153 NURMI DRIVE FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. PRESIDENT	B. OFFICE	RS
Address: 153 NURMI DRIVE FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. PRESIDENT	President:	GERALD MATIYOW
FT. LAUDERDALE, FLORIDA 33301 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESINE		
Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. PRESIDENT		
Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Address:	
Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESIDENT		
Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESIDENT	Secretary:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. RESIDENT	Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. President	Treasurer:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. President	Address:	
PRESIDENT		
13. (Signature of Director or Officer listed in number 12 of the application)	NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director of Officer listed in number 12 of the application)	13	PRESIDENT
14. GERALD MATIYOW, PRESIDENT (Typed or printed name and capacity of person signing application)	14	

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PREMIERE SERVICE MORTGAGE, CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is August 25, 1994 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of March, 2007.

Certificate Number: 44473 Jurisdiction: FLORIDA

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to validate the authenticity of this

certificate,



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Trey Grayson Secretary of State Commonwealth of Kentucky 44473/0334970