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| Certified Copies        | Certificates       | of Status |
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| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### **COVER LETTER**

| TO: New Filing Sect:<br>Division of Corp   |  |                             |  |  |  |
|--|--|-----------------------------|--|--|--|
| SUBJECT:   |  | Mortgag<br>corporation must | e Group<br>Sinclude suffix)  | o, Inc.  |  |
| Dear Sir or Madam:   |  |                             |  |  |  |
| The enclosed "Application "Certificate of Existence transact business in Florical Experience of the Existence of Existence | ," and check are subm                    |                             |  | Business in Florida," ed foreign corporation to                  |  |
| Please return all correspo   | ondence concerning th                    | nis matter to the fo        | ollowing:  |  |  |
|  | laudia f                                 | 1rmstro                     | na.  |  |  |
|  | (  | (Name of Person)            | a  |  |  |
| γ  | lichigan 1                               | Mortago<br>(Firm/Company)   | ze Grou  | p, Inc.  |  |
| A  |  | (Firm/Company)              | ~ C (. >   |  |  |
| (0)  | 060 DIXI                                 | (Address)                   | <u>046. 1</u>  | 7.   |  |
| a  | larkaton                                 | Mich                        | inden II   | 051D   |  |
|  | <u>AUI CSTUN</u>                         | ity/State and Zip of        |  | 8396   |  |
|  | (0.                                      | ny/State and 21p (          | , auc)   |  |  |
| For further information c  | oncerning this matter,                   | , please call:              |  |  |  |
| Claudia Arr<br>(Name of Person   | nstrong at (                             | 248 ) 6<br>(Area Code & I   | 2 <u>0 – 660</u><br>Daytime Telephor   | One 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  | ne following amount:                     |                             |  |  |  |
| \$70.00 Filing Fee   | \$78.75 Filing Fee of Certificate of Sta |                             | Filing Fee & ed Copy   | \$87.50 Filing Fee,<br>Certificate of Status &<br>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. (Enter name of corporation; must include "INCORPORATED," "COMPANY, "Inc.," "Co.," "Corp," "hec," "Co," or "Corp.") Mortagge Grovo (If name unavailable in Florida, enter alternate dorporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: 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.

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

## A. DIRECTORS Chairman: \_\_ Address: Vice Chairman: Address: \_\_\_ Director: \_ Address: \_\_\_ Director: \_ **B. OFFICERS** President: Address: Secretary: \_\_\_ Address: \_ Treasurer: \_ c 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) (Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

#### MICHIGAN MORTGAGE GROUP, INC.

a Michigan profit corporation was validly incorporated on April 21, 2005, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of March, 2007.

, Director

Bureau of Commercial Services