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### **COVER LETTER**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Certified Copy

TO: **New Filing Section Division of Corporations** United Equity Mortgage Corp. **SUBJECT:** (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: Michael Crouse (Name of Person) American Mortgage Licensing, LLC (Firm/Company) 6500 Greenville Ave. Suite 525 (Address) Dallas, TX 75206 (City/State and Zip code) For further information concerning this matter, please call: \_\_\_ at (\_\_\_\_) (214) 340-6600 (Area Code & Daytime Telephone Number) Sebastian T. Walas (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS: New Filing Section New Filing Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$78.75 Filing Fee & \$70.00 Filing Fee \$87.50 Filing Fee, \$78.75 Filing Fee & Certified Copy Certificate of Status & Certificate of Status

# 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.	·	United Equity Mortgage Corp.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	(If name unavailab	le in Florida, enter alternate corporate	name a	dopted for the purpose of transacting business	in Florid	<u>a)</u>		
2.		IL	which it is incorporated)  3. 30-0014987  (FEI number, if applicable)					
-	(State or country un	der the law of which it is incorporated	)	(FEI number, if applicable)				
4.		12/2001	5.	perpetual (Duration: Year corp. will cease to exist or "perpetual				
	(Date of	f incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual"	')		
6.	•							
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7.	5361 N. Harem Ave. Chicago, IL60656							
	(Principal office address)							
		5361 N. Harem A	Ave. C	hicago, IL60656				
		(Current mailin	g addre	ess)		<del></del>		
8.		Provide resider	itial m	ortgage services				
	(Purpose(s)	ntry to be carried out in state of Florida)	0	_  }\  }				
9.	Name: InCorp Services, Inc.				SECRE VISION			
	Name:	InCorp Services, Inc.			26	유 유 C		
o	ffice Address:	17888 67th Court North		<del></del>	PH	RY OF STA		
		Loxahatchee		, Florida33470	<b>ե։</b> 5	STA: )RAI		
	•	(City)	-	(Zip code)		SNO1.		

### 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:	Sebastian T. Walas	
	5361 N. Harlem Ave., Chicago IL 60656	ş
Director:	Maria Chlanda	₽.
•	5361 N. Harlem Ave., Chicago IL 60656	SECR ISIO
		L OF TAKE
P OFFICERS	•	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. OFFICERS	Sebastian T. Walas	DF STARPORA
		S ATIONS
Address:	5361 N. Harlem Ave., Chicago IL 60656	5
<del></del>		
Vice President:		
Address:		
Secretary:	Maria Chlanda	
Address:	5361 N. Harlem Ave., Chicago IL 60656	
Treasurer:		
Address:		
NOTE: If neces	ary, you may attack an addendum to the application listing additional officers and	or directors.
13	Mu Mal	
7	(Signature of Director or Officer listed in number 12 of the application)	
14	(Typed or printed name and canacity of person signing application)	•



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UNITED EQUITY MORTGAGE CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 27, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0720101528

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

**JULY** 

A.D.

2007

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE