

F07000003872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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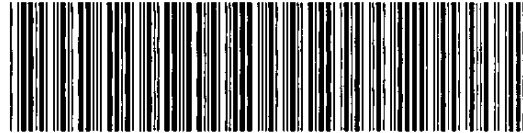
Certificates of Status _____

Special Instructions to Filing Officer:

~~6007-36868~~

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[Signature]



100106131481

07/30/07--01021--008 **78.75

RECEIVED
07 JUL 30 AM 11:19
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIFESTYLE MORTGAGE HOLDING, INC.

(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:

SHERRI BEEMAN

(Name of Person)

SMITH THOMPSON SHAW & MANAUSA, P.A.

(Firm/Company)

3520 THOMASVILLE ROAD, 4TH FLOOR

(Address)

TALLAHASSEE

(City/State and Zip code)

For further information concerning this matter, please call:

SHERRI BEEMAN

(Name of Person)

at (850) 893-4105

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

SHERRI BEEMAN (W-I)
SMITH THOMPSON SHAW & MANAUSA, P.A.
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

SUBJECT: LIFESTYLE MORTGAGE HOLDING, INC.
Ref. Number: W07000036868

RECEIVED
07 AUG -1 AM 11:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please complete Article(s) **7**

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6934.

Loria Poole
Document Specialist

Letter Number: 107A00047364

**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. LIFESTYLE MORTGAGE HOLDINGS, INC.

(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. GEORGIA

(State or country under the law of which it is incorporated)

3. 57-1161028

(FEI number, if applicable)

4. 5/2/03

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

(6)

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3520 THOMASVILLE ROAD, 4TH FLOOR, Tallahassee, FL 32309

(Principal office address)

3520 THOMASVILLE ROAD, 4TH FLOOR, Tallahassee, FL 32309

(Current mailing address)

8. MORTGAGE COMPANY

(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: **DANIEL E. MANAUSA, ESQUIRE**

Office Address: **3520 THOMASVILLE ROAD, 4TH FLOOR**

TALLAHASSEE, Florida **32309**

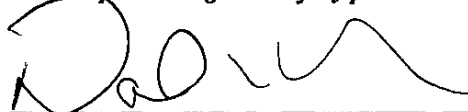
(City)

(Zip code)

FILED
07 AUG - 1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: R. ALLEN WELLS, JR.

Address: PO BOX 26448 MACON GEORGIA 31220-6448

Vice Chairman: INGRID G. WELLS

Address: PO BOX 26448 MACON GEORGIA 31220-6448

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: R. ALLEN WELLS, JR.

Address: PO BOX 26448 MACON GEORGIA 31220-6448

Vice President: _____

Address: _____

Secretary: INGRID G. WELLS

Address: PO BOX 26448 MACON GEORGIA 31220-6448

Treasurer: INGRID G. WELLS

Address: PO BOX 26448 MACON GEORGIA 31220-6448

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. R. ALLEN WELLS, JR - PRESIDENT / CEO

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

Control No. 0322836

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

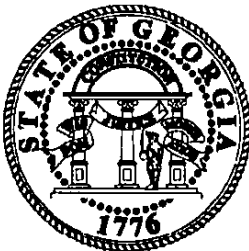
LIFESTYLE MORTGAGE HOLDINGS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 04/16/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and
the State of Georgia on 1st day of August, 2007

Karen C Handel
Secretary of State