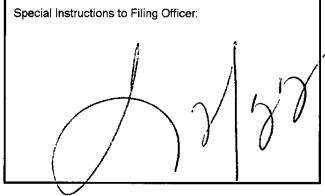
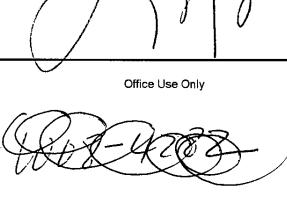
F080000000186

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |







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ALLAHASSEF F STATE

COVER LETTER

| то: | New Filing Section Division of Corporations | | | |
|---|---|-------------------------------------|--|--|
| SUBJ | ECT: INTERNATIONAL MORT | GAGE LENDERS | S, INC. | |
| 5 C D G | | tion - must include suffix) | | |
| Dear S | ir or Madam: | | | |
| "Certif | sclosed "Application by Foreign Corporation for ficate of Existence," and check are submitted to the business in Florida. | | | |
| Please | return all correspondence concerning this mat | ter to the following: | | |
| CAF | RMEN L LOPEZ | | | |
| | (Name | of Person) | | |
| INTE | ERNATIONAL MORTGAGE LE | NDERS, INC. | | |
| | (Firm/ | Company) | | |
| 9322 | 2 TAYLORSVILLE ROAD SUIT | E 3A | | |
| | (Ad | idress) | | |
| LOU | JISVILLE, KY 40299 | | | |
| | (City/Stat | te and Zip code) | | |
| For fur | rther information concerning this matter, pleas | e call: | | |
| CAR | MEN L LOPEZ at (502 | 2 639-4839 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| | | | | |
| | at \ | | | |
| <u> </u> | | | | |
| | New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations | | | |
| | 2661 Executive Center Circle | | | |
| Enclos | sed is a check for the following amount: | | | |
| \$70. | .00 Filing Fee \$\sqrt{9}\$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |



February 12, 2008

CARMEN L LOPEZ INTERNATIONAL MORTGAGE LENDERS, INC. 9322 TAYLORSVILLE ROAD, SUITE 3A LOUISVILLE, KY 40299

SUBJECT: I.M. LENDERS, INC. Ref. Number: W08000004282

We have received your document for I.M. LENDERS, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6934.

Letter Number: 908A00005499

Loria Poole Regulatory Specialist II

Division of Compactions D.O. DOV 6207 Mellaharras Elevida 2021

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. INTERNA | TIONAL MORTGAGE LENDER | RS, INC. | |
|-------------------------|---|---|-----------------|
| | orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | |
| I. M., LEN | DERS, INC | , | |
| (If name unavail | able in Florida, enter alternate corporate name adop | oted for the purpose of transacting business | in Florida) |
| KENTUCK | ΥΥ , 1: | 3-4340858 | • |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| _{1.} 09/11/200 | 6 , PI | ERPETUAL | |
| (Date | | uration: Year corp. will cease to exist or ") | perpetual") |
| _{5.} N/A_ | | | |
| | (Date first transacted business in Flo | | |
| 0222 TAVI | (SEE SECTIONS 607.1501 & 607.1502, | • • | |
| 7. 9322 17(1) | LORSVILLE ROAD SUITE 3A (Principal office address) | | |
| 0222 TAV | LORSVILLE ROAD SUITE 3A | | • |
| 9322 1711 | (Current mailing address) | · | |
| | (Current manning address) | | |
| MORTGA | GE BROKER BUSINESS | | , * , |
| | s) of corporation authorized in home state or countr | y to be carried out in state of Florida) | 8 |
|). Name and stree | et address of Florida registered agent: (P.O. Bo | ox NOT acceptable) | B |
| Name: | WILFREDO MOLINA | | 76. 70 T |
| | 7446 GROVE ROAD | رر س | AH 9: |
| Office Address: | | - 52 | e C |
| | BROOKSVILLE | _, Florida 34613 57 | 26 |
| | (City) | (Zip code) | |
| 10. Registered as | gent's acceptance: | | |
| | ed as registered agent and to accept service o | f process for the above stated corporat | ion at the plac |

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: CARMEN L. LOPEZ Address: 9322 TAYLORSVILLE ROAD SUITE 3A LOUISVILLE, KY 40299 Vice Chairman: Address: _ Director: Address: _ Director: Address: _ **B. OFFICERS** President: CARMEN L. LOPEZ Address: 9322 TAYLORSVILLE ROAD SUITE 3A LOUISVILLE, KY 40299 Vice President: Address: ___ Secretary: CARMEN L. LOPEZ Address: 9322 TAYLORSVILLE ROAD SUITE 3A LOUISVILLE, KY 40299 Treasurer: Address: NOTE: If necessary, 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) 14. CARMEN L. LOPEZ, PRESIDENT/OWNER

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

1/9/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 58654

Jurisdiction: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to authenticate this certificate.

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,

INTERNATIONAL MORTGAGE LENDERS, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 11, 2006 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 9th day of January, 2008.



Tn63

Trey Grayson Secretary of State Commonwealth of Kentucky 58654/0646766

1/9/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

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Trey Grayson Secretary of State Commonwealth of Kentucky 58654/0646766