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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
1209-6726
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SECRETARY OF STATE TALLAHASSEE.FLORIDA

SECRETARY OF STATE



Telephone: 770-248-2885 Facsimile: 770-248-2883

40 Technology Parkway South, Suite 202 Norcross, Georgia 30092-2906 www.franzen-sal/ano.com

February 10, 2009

### VIA OVERNIGHT DELIVERY FEDERAL EXPRESS TRACKING # 7973 2059 5760

Florida Division of Corporations
- New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Loan South Mortgage, Inc.

To Whom It May Concern:

Enclosed please find Florida's **Application by Foreign Corporation for Authorization to Transact Business in Florida**, submitted on behalf of Loan South Mortgage, Inc., and accompanied by the following supporting documents:

- Applicant's check #5072 in amount of \$78.78 (Filing Fee), and
- An original Certificate of Existence issued by the Office of the Secretary of State of Georgia.

Our firm is assisting Loan South Mortgage, Inc. with its licensing endeavors in multiple states; therefore, please communicate your decision to our office.

If you should have questions or should require additional information, please contact me by telephone at (877) 715-8392, extension 227, or by email at: <a href="mailto:mclark@franzen-salzano.com">mclark@franzen-salzano.com</a>. Thank you for your assistance and courtesy.

Respectfully submitted,

Marilyn J. Clark Paralegal

/MJC Enclosures

cc: Cheryl Parish (with enclosures)



### RECEIVED DEPARTMENT OF STATE

09 FEB 24 AM 11: 30

# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2009

MARILYN J. CLARK FRANZEN & SALZANO, P.C. 40 TECHNOLOGY PARKWAY SOUTH, SUITE 202 NORCROSS, GA 30092

SUBJECT: LOAN SOUTH MORTGAGE, INC.

Ref. Number: W09000006726

Please complete the enclosed form and return it to us with a check for \$ in order to complete your reinstatement.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Loria Poole Regulatory Specialist II

Letter Number: 709A00004938

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Loan South Mortgage, Inc.		
	tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," and check are submitted t transact business in Florida.	or Authorization to Transact Business in Florida," o register the above referenced foreign corporation to	
Please return all correspondence concerning this mat	ter to the following:	
Marilyn J. Cl	ark, Paralegal	
(Name	of Person)	
Franzen & S	alzano, P.C.	
(Firm/	Company)	
	way South, Suite 202	
(Ac	idress)	
	eorgia 30092	
(City/Sta	te and Zip code)	
For further information concerning this matter, pleas	e call:	
Marilyn J. Clark at ( 8	77)715-8392 Ext. 227	
(Name of Person) (Are	77) 715-8392 Ext. 227 a 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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & 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.

N/A				•	
(If name unavai	lable in Florida, enter alternate	corporate name	adopted for the purpose of transacting business in F	lorida)	
Georgia			26-1577742		
(State or country	under the law of which it is in	corporated)	(FEI number, if applicable)		
. December 11, 2007		5.	5. Perpertual		
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpe	tual")	
. N/A					
			n Florida, if prior to registration)		
	(SEE SECTIONS 60'	7.1501 & 607.1	502, F.S., to determine penalty liability)		
<u>990 Hammo</u>	nd Drive, Suite 210		GA 30328		
	(Prin	icipal office add	ress)		
990 Hammo	nd Drive, Suite 210	Atlanta,	GA 30328		
	(Curi	rent mailing add			
Mortgage le	nder/broker				
		home state or co	ountry to be carried out in state of Florida)		
(Purpose(	s) of corporation authorized in		•		
(Purpose(	s) of corporation authorized in et address of Florida register	red agent: (P.C	•	200 SE	
(Purpose(	s) of corporation authorized in	red agent: (P.C	•	\$ECRE	
(Purpose)  Name and stre  Name:	s) of corporation authorized in et address of Florida register  C T Corporation Syst	red agent: (P.C	•	SECRETA	
(Purpose)  Name and stre  Name:	s) of corporation authorized in et address of Florida register  C T Corporation Syst  1200 South Pine Islan	red agent: (P.C	D. Box NOT acceptable)  ALARA ASSE	SEGRETACY	
(Purpose( Name and streether) Name:	s) of corporation authorized in et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation	red agent: (P.C	). Box NOT acceptable)  ARA ARA ARA ARA ARA ARA ARA ARA ARA A	1	
(Purpose)  Name and stre  Name:	s) of corporation authorized in et address of Florida register  C T Corporation Syst  1200 South Pine Islan	red agent: (P.C	D. Box NOT acceptable)  ALARA ASSE	AM	
(Purpose)  Name and stre  Name:  office Address:	s) of corporation authorized in et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation	red agent: (P.C	). Box NOT acceptable)  ARA ARA ARA ARA ARA ARA ARA ARA ARA A	1	
(Purpose) Name and stre Name: office Address:  Registered a laving been name	et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation  (City)  gent's acceptance:  ned as registered agent and	red agent: (P.C em nd Road to accept servi	D. Box NOT acceptable)  ALLAHASSEE, FLORIDA (Zip code)  Ce of process for the above stated corporation of the stated corpo	AH 8: I fee pla	
(Purpose)  Name and stre  Name:  ffice Address:  C. Registered a ving been name and this signated in this street.	et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation  (City)  gent's acceptance:  ned as registered agent and a application, I hereby accept	red agent: (P.C.) em  nd Road  to accept servi	D. Box NOT acceptable)  AND ACCEPTABLE OF STATE	ex The plant capacit	
(Purpose)  Name and stre  Name:  ffice Address:  Name:  ffice Address:	et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation  (City)  gent's acceptance:  ned as registered agent and a repplication, I hereby acceptance to comply with the provisions of	red agent: (P.C.) em  nd Road  to accept servi of the appoint of all statutes r	O. Box NOT acceptable)  ARASSE OF STATE	ex The plant capacit	
Name and stre Name: Office Address: O. Registered a laving been nan esignated in this	et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation  (City)  gent's acceptance:  ned as registered agent and a application, I hereby accept	red agent: (P.C.) em  nd Road  to accept servi of the appoint of all statutes r	O. Box NOT acceptable)  ARASSE OF STATE	ex The plant capacit	
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(Purpose)  Name and stree  Name:  Office Address:  O. Registered a  laving been name esignated in this arther agree to a	et address of Florida register  C T Corporation Syst  1200 South Pine Islan  Plantation  (City)  gent's acceptance:  ned as registered agent and a repplication, I hereby acceptance to comply with the provisions of	red agent: (P.C.) em  nd Road  to accept servi of the appoint of all statutes r	O. Box NOT acceptable)  ARASSE OF STATE	ex The plant capacit	

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:

PRS
Kimberly Z. Nelson
990 Hammond Drive, Suite 210 Atlanta, GA 30328
N/A
N/A
N/A
s
Kimberly Z. Nelson
990 Hammond Drive, Suite 210 Atlanta, GA 30328
Robert W. Slocum
990 Hammond Drive, Suite 210 Atlanta, GA 30328
N/A
N/A
essary, you may attach an addendum to the application listing additional officers and/or directors.
Kim Helsen
Signature of Director or Officer listed in number 12 of the application)  imberly Z. Nelson, President  (Typed or printed name and capacity of person signing application)

# 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

### LOAN SOUTH MORTGAGE, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/11/2007 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 19th day of February, 2009

Karen C Handel Secretary of State

Certification Number: 3502546-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp