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PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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ASSEE FLORIDA

SECRETARY OF STATE

MR)

1109-32727

COVER LETTER

	TO: New Filing Section Division of Corporations	
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: Chris Gies Name of Person Loss Mitigation Services, Inc. Firm/Company 925 Texas Hwy. 24 Address Paris, TX 75462 City/State and Zip code chris@Imsrestoration.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chris Gies at 903 784-3559 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	SURJECT. Loss Mitigation Services, Inc.	
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New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		
	New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$\infty\$\$\\$78.75 Filing Fee &	New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$78.75 Filing Fee & \$\Bar{1}\$87.50 Filing Fee,



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

CHRIS GIES LOSS MITIGATION SERVICES, INC. 925 TEXAS HWY 24 PARIS, TX 75462

SUBJECT: LOSS MITIGATION SERVICES, INC.

Ref. Number: W09000032727



We have received your document for LOSS MITIGATION SERVICES, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

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.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 709A00024505



DEPARTMENT OF STATE

09 JUL 31 AM 10: 33

COVER LETTER

TO: Division of Corporations

ATT: Ruby Dunlap

SUBJECT: Loss Mitigation Services, Inc.

Letter Number: 709A00024505

Dear Ms. Dunlap:

Please find Application by Foreign Corporation for Authorization to Transact Business in Florida enclosed with registered agent's signature and Certificate of Fact from Texas Secretary of State.

Thank you, so much for your help.

Corporate Office / 925 Hwy. 19 & 24 South / Paris, Texas 75462 Phone 903-784-3559/ Fax 903-784-7283

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.

J. Loss Mitigatio	n Services, Inc.	
"Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	
(ms	RESTORATION INC.	adopted for the purpose of transacting business in Florida)
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Texas		75-2714246
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. June 11, 1997	5.	Perpetual
(Date	e of incorporation) 5,	(Duration: Year corp. will cease to exist or "perpetual")
6		
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 925 Texas Hwy.	24, Paris TX 75462	· · · · · · · · · · · · · · · · · · ·
	(Principal office add	ress)
925 Texas Hwy.	24, Paris TX 75462	
	(Current mailing add	ress)
	-	
8. Any and all law	ful acts for which corporations may do busines	s in the state of Florida
	s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
9. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	C T Corporation System	\$50 0 m
Office Address:	1200 South Pine Island Road	ountry to be carried out in state of Florida) D. Box NOT acceptable) The state of Florida The state of Flor
Office Address.	Plantation	——————————————————————————————————————
	(Cir.)	, Florida 33324
	(City)	(Zip code)
Having been name designated in this further agree to co	application, I hereby accept the appointm	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I plative to the proper and complete performance of my duties, pition as registered agent.
	C T Corporation System	Kimberly Breunling
Ву:		Assistant Secretary ———
	(Registered agent's signature)	Assistant secretary
11. Attached is a c	ertificate of existence duly authenticated, r	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

FL019 - 05/05/2009 C T System Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS 09 JUL 31 PM 12: 09 Chairman: Kenneth D. Preston Address: 925 Texas Hwy. 24 Paris, TX 75462 Vice Chairman: ___ Address: _ Director: Mike Taylor Address: 925 Texas Hwy. 24 Paris, TX 75462 Director: **B. OFFICERS** President: Kenneth D. Preston Address: 925 Texas Hwy. 24 Paris, TX 75462 Vice President: Mike Taylor Address: 925 Texas Hwy. 24 Paris, TX 75462 Secretary: Julie Preston Address: 925 Texas Hwy. 24, Paris TX 75462 Treasurer: ___ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Kenneth D. Preston, President

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade Secretary of State

FILED 09 JUL 31 PM 12: 09

SECRETARY OF STATE FALLAHASSEE FLORIDA

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for LOSS MITIGATION SERVICES, INC. (file number 144891700), a Domestic For-Profit Corporation, was filed in this office on June 11, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 27, 2009.



Hope Andrade Secretary of State