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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Chicago Mortgage Solutions Corporation
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," or "Certificate of Good Standing" 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:
Dana Smith, Compliance Manager
Name of Person
Chicago Mortgage Solutions Corporation
Firm/Company
333 Knightsbridge Parkway, Suite 210
Address
Lincolnshire, IL 60069
City/State and Zip code
dana@interbankwholesale.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dana Smith, Compliance Manager at (847) 239-7272
Name of Person Area Code & Daytime Telephone Number 27
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, FL 32301 MAÏLING 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 \$\ \times \text{S78.75 Filing Fee & Certified Copy} \text{S78.75 Filing Fee & Certified Copy} \$\ \text{Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{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.

1	Chicago Mortgage Solutions Corpo	orati	ion			
	ame of corporation; must include "INCORPORATE" (Co.," "Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"			
(If name	unavailable in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Florida)			
2.						
(State or	(State or country under the law of which it is incorporated) 3. 36-4485107 (FEI number, if applicable)		(FEI number, if applicable)			
4.	12/4/2001	5.	Perpetual			
	(Date of incorporation)	• .	Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
6.						
			Florida, if prior to registration) 02, F.S., to determine penalty liability)			
7.	333 Knightsbridge Parkway, Suite 210, Lincolnshire, IL 60069					
	(Principal office	addr	ess)			
	333 Knightsbridge Parkwa	ay, S	Suite 210, Lincolnshire, IL 60069			
	(Current mailing	addr	ress)			
_{8.} Who	olesale mortgage lending.					
(!	Purpose(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)			
9. Name	and street address of Florida registered agent: (P.O	Box NOT acceptable)	ومهاوج تالماناه		
1	Name: INGRA SERVICES, Inc		IY 22 ASSE	A. Tarki B		
Office Ad			h Crown	3 1		
	Loxahatchee (City)	: <u>ea</u>	(Zip code)			
10. Regi	stered 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. DIKECI	IORS		
Chairman:	DMITRY GODIN		
Address:	333 Knightsbridge Parkway, Suite 210,		
	Lincolnshire, IL 60069		
Vice Chairma	n:		
Address:			
Director:	·		_
Address:			_
——————————————————————————————————————			
			_
Address:			
B. OFFICE			_
President:	DMITRY GODIN		
Address:	333 Knightsbridge Parkway, Suite 210		
	Lincolnshire, IL 60069	2012 3EC 7ALL	
Vice President	t:	AHAY TI	
		C) >2 N	_
Secretary:	DMITRY GODIN		_
Address:	333 Knightsbridge Parkway, Suite 210, Lincolns	hire, IL 60069	
Treasurer:	ILYA SHULMAN		
Address:	333 Knightsbridge Parkway, Suite 210, Lincolnst	ire, IL 60069	
	eoessary, you may attach an addendum to the application listing add	tional officers and/or directors.	_
13	Mwl 1		<u>ک</u>
are true and t	Signature of Director or Officer or director signing this document (and who is listed in number 12 about that he or she is aware that false information submitted in a document felony as provided for in s.817.155, F.S.	•	a
14	DMITRY GODIN (CEO/President)		
	(Typed or printed name and capacity of person signing a	oplication)	



To all to whom these Presents Shall Come, Greeting:

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

CHICAGO MORTGAGE SOLUTIONS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 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 ILLINOIS.



Authentication #: 1213102672

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of

MAY

A.D.

2012

In Testimony Whereof, I hereto set

10TH

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

SECRETARY OF STATE