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(Requestor's Name)		
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	, MAIL
(Bu	isiness Entity Nar	me)
. (Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORID.

MRD 8/3/12

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Uni Source Mortgage Services, 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," 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: James W. Fletcher
Name of Person
UniSource Montgage Services, Inc.
29 Plantation Park Drive, 13/dq. 100 - Ste. 113
Bluffton, SC 29910 City/State and Zip code
•
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James W. Pletcherat (843) 295-3115 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 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 & 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. Uni Source Mortgage Dervices Incorporation: "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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) 109.100 200e (Current mailing address) (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: Office Address: 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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS (Sole) James W. Alptcher	12 AUG -2 PH 1: 01
Address: 19 Redstart Path Hilton Head, SC 29924	TALLAHASSEE FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	· · · · · · · · · · · · · · · · · · ·
President: James W. Fletcher, Ir.	
Address: 29 Plantation Park Prive, Bldg 1310 ffton, SC 29910	100 - Steill3
Vice President:	
Address:	
Secretary: Betty Pletcher,	
Address: 19 Redstant Path, Hilto	n Head, Sc 29926
FOTTreasurer: Lames W. Fletcher	
Address: 19 Redstart Path, Hilton!	tead, SC 29924
NOTE: If necessary you may attach an addendum to the application listing additi	ional officers and/or directors.
13. Signature of Director of Officer	
The officer or director signing this document (and who is listed in number 12 abov	re) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s. 817.155, F.S.,	- O. /
	reasurer + Virector
(Typed or printed name and capacity of person signing ap	plication)

The State of South Carolina





Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

UNISOURCE MORTGAGE SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on January 1st, 1997, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of July, 2012.

Mark Hammond, Secretary of State