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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
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Codification of Chatter	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Southern States Mortga	ige Company, Inc.				
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are subm				
Please return all correspondence concerning this ma	tter to the following:				
Neill Fendly					
	of Person				
Southern States Mortgage Company, Inc.					
Firm/Company					
16740 Birkdale Commons Parkway, Suite 301					
Address					
Huntersville, North Carolina 28078					
City/Stat	te and Zip code				
support@statesmortgage.com					
E-mail address: (to be us	ed for future annual report no	tification)			
For further information concerning this matter, please	se call:				
· · · · · · · · · · · · · · · · · · ·					
Neill Fendly at (704) 574-0364 Name of Person Area Code & Daytime Telephone Number					
Name of Person Ar	ea Code & Daytime Telephor	ie Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:					
New Filing Section New Filing Section					
Clifton Building	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL	32314			
Tallahassee, FL 32301					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &			

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.

(Enter name of	ates Mortgage Company, Inc. corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
STAT	ES MOLTGASE COMIA	e adopted for the purpose of transacting busin	ess in Florida)
2. North Caroli	·	56-2053208	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4, 10-03-1997	5	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
_{7.} 16740 Birk	dale Commons Parkway, Suit	e 301, Huntersville, NC 2807	3
	(Principal office ad		
As above			
	(Current mailing ad	dress)	
。Origination	n of residential mortgages		
· 	s) of corporation authorized in home state or c	country to be carried out in state of Florida)	
, - ,	et address of Florida registered agent: (P.	•	
Name:	NRAI Services, Inc.	<u></u>	
Office Address:	515 E. Park Avenue		14.1
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
Having been nam designated in this further agree to c and I am familiar	gent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes i with and accept the obligations of my po NRALCERNICES, INC.	ment as registered agent and agree to ac relative to the proper and complete perfo	t in this capacity. I
<u> 2</u>		x, Assistant Secretary	
	(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: Brenna Olberding Address: 114 Hickory Hill Road Mooresville, NC 28117 Vice Chairman: Address: Director: _ Address: __ Director: Address: **B. OFFICERS** President: Brenna Olberding Address: 114 Hickory Hill Road 创品 Mooresville, NC 28117 Vice President: _ Address: Address: __ Treasurer: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Brenna Olberding, President



NORTH CAROLINA Department of the Secretary of State

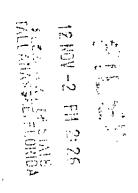
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SOUTHERN STATES MORTGAGE COMPANY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of October, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of October, 2012.

Elaine I. Marshall

Secretary of State