Florida Department of State

Division of Corporations
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Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

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Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION CHOICE LOAN OF GEORGIA, INC.

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Certificate of Status	0
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Estimated Charge	\$78.75

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T. Burch MAR 2 2 2013

3/21/2013 11:53 AN

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	corporation; must include "INCORPORAT"	ED," "C	OMPANY," "CORPORATION,"	_
"lac.," "Co.," "(Corp," "Inc," "Co," or "Corp,")		=	<u> </u>
				-
			1 → 2 → 2 → 2 → 2 → 2 → 2 → 2 → 2 → 2 →	ت ^ا
	lable in Plerida, enter alternate corporate na	ınıc adoj	sted for the purpose of transacting business in Florida)
Georgia	· · · · · · · · · · · · · · · · · · ·	3.		:
•	under the law of which it is incorporated)		(FI?I number, if applicable)	_
April 3, 2	2012	5. P	erpetual #%	:
(Dat	s of incorporation)	(D	uration: Year corp. will cease to exist or "perpetual"	<u> </u>
			Ç"	
	(Date first transacted busine			-
		·	F.S., to determine punglty liability)	_
1000 Huri	ricane Shoals Rd, Bldg C,	Suit	e 130, Lawrenceville, GA 3004:	3
	(Principal office	uddross)		_
				_
	(Current mailing	eddrass)	•	
Einanaia	· ·	oddrass)	•	
	Services	•		_
	· ·	•		
(Purpose(Services	r countr	y to bu carried out in state of Florida)	
(Purpose(Services a) of corporation authorized in home state o	r countr	y to bu carried out in state of Florida)	
(Purposoti Name and street Name:	Services a) of corporation authorized in home state of at address of Florida registered agent: (r countr (P.O. B	y to be carried out in state of Florida) DX NOT acceptable)	
(Purposoti Name and street Name:	Services s) of corporation authorized in home state of address of Florida registered agent: (NRAI Services, Inc.	r countr (P.O. B Roac	y to be carried out in state of Florida) DX NOT acceptable)	_
Name and street	Services s) of corporation authorized in home state of address of Florida registered agent: (NRAI Services, Inc. 1200 South Pine Island	r countr (P.O. B Roac	y to be carried out in state of Florida) DX NOT acceptable)	

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)

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A. DIRECTORS	
Chairman:	······································
Address:	<u> </u>
Vice Chairman:	55
Address:	<u> </u>
Director: Elleen Keller	4
Address: 423 Castle Pines Lane	2.5
Riverwoods, IL 60015	
Director:	
Address:	
3. OFFICERS	
President: Eileen Keller	
Address: 423 Castle Pines Lane	
Riverwoods, IL 60015	
/ice President:	
ddruss:	
ecretary: Effeen Keller	
ddress: 423 Castle Pines Lane, Riverwoods, IL 60015	
reasuror: Eileen Keller	
ddress: 423 Castle Pines Lane, Riverwoods, IL 60015	,
OTE: If necessary, you may attach an addendum to the application listing additi	
3. Si sun Keller	Aller of treats this of different
Signature of Director or Officer he officer or director signing this document (and who is listed in number 12 above 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.	e) affirms that the facts stated herein to the Department of State constitutes
Eileen Keller, President	
(Typed of printed name and capacity of person signing app	olleation)

H130000651323

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King. Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 12029501
DATE INC/AUTH/FILED : 4/3/2012 12:00:00 AM

JURISDICTION : Foreign

PRINT DATE : 3/20/2013 6:17:39 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

> CHOICE LOAN OF GEORGIA, INC. A None Document Order

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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 confificate 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 filled or is pending with the Socretary 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.

Brian P. Kemp Secretary of State

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