F16000001001

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(nu	aress)	
(Cit	y/State/Zip/Phon	e #)
	_	_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
,		•
	Alicenter and	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

HARRIS

COVER LETTER

TO:	Registration Se				
	Division of Cor	•	Mortgage As	sociates, Inc	
SUBJ	ECT:	Buokileaa	Mongago / C	occidios, me	
	<u></u>	Name of	corporation -	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc		f Good Stand	ling" and check are sub	ct Business in Florida," omitted to register the
	return all corress S Cline	oondence concerning	g this matter	to the following:	
	·		Name of P	Person	
Buckh	nead Mortgage As	sociates, Inc			
			Firm/Comp	nany	
9755	Dogwood Road, S	Suite 250	1 11 112 (1111)	,	
····			Addres	20	
Rosw	ell, GA 30075		Addres	55	
bcline	@buckheadhome		City/State an	d Zip code	
			(to be used for	or future annual report	notification)
		E-man address.	(to be used it	or ruture annual report	nonneanon)
For fu	rther information	concerning this mat	tter, please ca	all:	
Brigas	s S Cline		404	303-7411	
			t (_)	
	Name of Perso	n	Area Code	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	sed is a check for	the following amou	nt:		
■ \$7	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

BRIGGS S CLINE 9755 DOGWOOD ROAD, SUITE 250 ROSWELL, GA 30075

SUBJECT: BUCKHEAD MORTGAGE ASSOCIATES, INC

Ref. Number: W16000006669

We have received your document for BUCKHEAD MORTGAGE ASSOCIATES, INC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

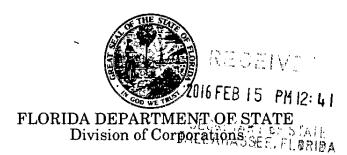
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00002049

16 FEB 25 PH I2: 42
SECRETARY OF STATE
TAIL ANALOSSE FOR DRING

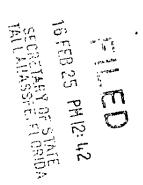


February 5, 2016

BRIGGS S CLINE 9755 DOGWOOD ROAD, SUITE 250 ROSWELL, GA 30075

SUBJECT: BUCKHEAD MORTGAGE ASSOCIATES, INC

Ref. Number: W16000006669



We have received your document for BUCKHEAD MORTGAGE ASSOCIATES, INC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00002049



January 29, 2016

BRIGGS S CLINE 9755 DOGWOOD ROAD, SUITE 250 ROSWELL, GA 30075

SUBJECT: BUCKHEAD MORTGAGE ASSOCIATES, INC

Ref. Number: W16000006669

We have received your document for BUCKHEAD MORTGAGE ASSOCIATES, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00002049

15 FEB 25 PHI2: 42
SECRETARY OF STATE

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.	Mortgage Associates, Inc		
	of corporation; must include "INCORPORATED," "Co" "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATIO	N,"
Georgia		2430474	-
(State or co		(FEI number, if a	
4	Date of incorporation) 5	(Date of duration, if other	r than narmatual)
_	on meorporation)	(Date of duration, if other	i dian perpetuar)
_	ood Road, Suite 250 Roswell, GA 30075 (Principal of	fice address)	
	(Current mailing ad	dress, if different)	
8. Name and s	street address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name	REGISTERED AGENTS INC.	-	
Office Address	s: 3030 N. Rocky Point Drive, STE 150A	<u>, </u>	25 P
	TAMPA	, Florida 33607	
	(City)	(Zip code)	PH I2: 41 OF STATE ELFLORIDA

9. 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.

Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Director: __ **B. OFFICERS** Briggs S Cline President: 9755 Dogwood Road, Suite 250 Roswell, GA 30075 Address: _ NA Vice President: ___ Address: __ **Briggs S Cline** Secretary: 9755 Dogwood Road, Suite 250 Roswell, GA 30075 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 11 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.

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

Briggs S Cline, President

13.

Control Number: K902077

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

BUCKHEAD MORTGAGE ASSOCIATES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 certificate 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 filed or is pending with the Secretary 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12636761 : 01/05/1999 : Georgia : 02/12/2016



B: I.L.

Brian P. Kemp
Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ssociates, Inc	•	
(Name of For	eign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.	")
If name unavailable enter a	Itamusta name adorest for the number of trans-	ting business in Florida. The alternate name mus	t in also du 14T impite d
iability Company," "L.L.C,		ang ousiness in Florida. The alternate name mus	i include Emmed
Georgia	3. 58-	-2430474	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	**************************************
·	(Data first transacted husiness in Floris	(a) If nation to resignation	
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
9755 Dogwood Road,	Suite 250 Roswell, GA 30075		
	(Street Address of Principal O	ffice)	
		·	
		•	
	(Mailing Address)		
. Name and street addres	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	
Name:	Registeed Agents Inc		
Office Address:	3030 N Rocky Point Dr Ste 150A		
Office Address,	Tampa	, Florida 33607	
	(City)	, Florida(Zip code)	
'agistared agent's accom	topoor		
laving been named as re esignated in this applica o complywith the provision	gistered agent and to accept service of pro tion, I hereby accept the appointment as re	cess for the above stated limited liability co egistered agent and agree to act in this capt d complete performance of my duties, and .	icity. I further agre
laving been named as re esignated in this applica o complywith the provision	gistered agent and to accept service of pro tion, I hereby accept the appointment as ro ons of all statutes relative to the proper an	egistered agent and agree to act in this cape d complete performance of my duties, and a	icity. I further agre
Taving been named as re- esignated in this applical complywith the provision coept the obligations of re- the name, title or capa	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/h	egistered agent and agree to act in this cape d complete performance of my duties, and a s signature)	icity. I further agre
laving been named as re- esignated in this applica- o complywith the provision ccept the obligations of r	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/h	egistered agent and agree to act in this cape d complete performance of my duties, and a s signature)	icity. I further agre
lesignated in this applicate complywith the provision complywith the provision comply the obligations of responsible to the complete compl	gistered agent and to accept service of protion, I hereby accept the appointment as reons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/h	egistered agent and agree to act in this caped complete performance of my duties, and a signature) s signature) have authority to manage is/are:	acity. I further agre I am familiar with a
Javing been named as re- lesignated in this applica- to complywith the provision accept the obligations of re- Briggs Cline, President 40 Attached is a certificate	gistered agent and to accept service of protion, I hereby accept the appointment as reons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/ho4-303-7411 of existence, no more than 90 days old, dulof which it is organized. (If the certificate is	egistered agent and agree to act in this cape d complete performance of my duties, and a s signature)	acity. I further agre I am familiar with a

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Briggs S Cline