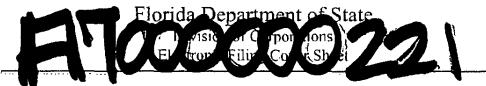
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(((H17000015079 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone

: (800)494-3124

Fax Number

: (305)675-2811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Equity Mortgage, Inc.

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D. SCOTT JAN 1 8 2017

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H17000015079 3 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. EQUITY MÖRTGAGE, INC. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Cosp," "Inc," "Co," or "Corp.") RQUITY LENDING, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 48-1305021 (State or country under the law of which it is incorporated) (FEI number, if applicable) AUGUST 28, 1997 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 8223 E WASHINGTON STREET, STE 6A, CHAGRIN FALLS, OHIO 44023 (Principal office address) PO BOX 41268, BRECKSVILLE, OHIO 44141 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SUPERBIZ REGISTERED AGENT, INC. Name: 2761 VISTA PARKWAY, STE E4 Office Address: WEST PALM BEACH (City)

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.

(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.

a. DIRECTORS	H17000015079 3
Chairman:	-
address:	
ice Chairman:	
ddress:	
ddress: 8223 E WASHINGTON STREET, STE 6A, CHAGRIN	FALLS, OHIO 44023
irector:	
ddress:	
. OFFICERS	
RICHARD W ROSE	
8223 E WASHINGTON STREET, STE 6A, CHAGRIN	FALLS, OHIO 44023
cc President:	
idress:	
scretary.	5750
ddress:	19 2 0
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OTF: If necessary, you may affect an addendum to the applic	eation listing additional officers and/or directors.
OTF: If necessary, you may attack an addendum to the applic	ration listing additional officers and/or directors.
	ration listing additional officers and/or directors. 13/2017 r or Officer in number 11 above) affirms that the facts stated herein

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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EQUITY MORTGAGE, INC., an Ohio corporation, Charter No. 989615, having its principal location in Chagrin Falls, County of Cuyahoga, was incorporated on August 28, 1997 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of January, A.D. 2017.

Ohio Secretary of State

Validation Number: 201701303606