# F95000000851

### TRANSMITTAL LETTER

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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

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SUBJECT: Mortgage Lenders Association, Inc. (Name of corporation - must include suffix)	1 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Doar Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to registe foreign corporation to transact business in Florida.	o Transact Business in er the above referenced
Please return all correspondence concerning this matter to the following:	
Linda J. Johnson (Name of Person)  Mortgage Lenders Association, Inc. (Firm/Company)	
9350 E. Arapahoe Road, Suite 340 (Address)	
Englewood, Colorado 80112 (City, State and Zip Code)	95 118
Should you need to call someone concerning this matter, please call:	
Sharon J. Hornsby at ( 303 ) 792 0595 .  (Name of Person) Area Code & Daytime Telephone Number	per 7

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 B

## 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:

Mortgage Lenders Ass (Name of corporation: must incl abbreviations of like import in la or partnership if not so containe	noctation. Inc. ude the word INCO nguage as will clear d in the name at pre	RPORATE ly Indicate isent.)	D", "COMPAN that it is a cor	Y","CORPO	RATION* or word toad of a natural	is or person
2 Georgia		3	58-21	47590		
2. Georgia (State or country under the law o	f which it is incorpo	ratod)	(FEI numb	er, if applica	ble)	
4January 6. 1995	5.		Perne	tual		
4. January 6, 1995 (Date of Incorporation)		(Duration:	Year corp. w	Il cease to e	xist or "perpetua	17
6. Upon approva? (Date first transacted business in						
(Date first transacted business in	1 Florida. (See section)	807.1501, 60	7.1502, and 817	.155, F.S.)		
7. 9350 E. Arapahoe Ro	nd, Suite 340					
Englewood, CO 80112						
(Cur	rent mailing addres	<b>S)</b>				
8. <u>Mortgage Banking</u> (Purpose(s) of corporation aut	thorized in home sta	ite or coun	ry to be carri	out in the	state of Florida)	
9. Name and street addre		•	·		9	52
Name:	Linda A. Sic	nicki		_	77	4
					753	
Office Address:	· · · · · · · · · · · · · · · · · · ·			_	***	,
	New Smyrna B	leach		Florida	32169	7.4
	New Smyrna B		· · · · · · · · · · · · · · · · · · ·		(Zip Code)	
					27	
10. Registered agent's acc	•					
Having been named as regis corporation at the place des registered agent and agree to of all statutes relative to the with and accept the obligation	signated in this o act in this capa proper and comp	application in the second section in the second sec	on, I hereby ther agree formance o tered agen	v accept i to comply f my dutie t.	the appointm with the prov	ent as isions

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 addresses of officers and/or directors: A. **DIRECTORS** Chairman: \_\_\_ Address: Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_ Address: \_\_\_\_\_ В. **OFFICERS** President: Linda J. Johnson Address: 1420 Allatoona Court Kennesaw, GA 30144 Vice President: Address: \_\_\_\_\_ Secretary: Sharon J. Hornshy Address: 6111 Braidwood Lane Acworth, GA 30101 Treasurer: Sharon J. Hornshy Address: 6111 Braidwood Lane <u> Acworth, GA 30101</u> NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Linda J. Johnson, President

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

14.

## Secretary of State Business Services and Regulation

Suite 315, Mest Comer

2 Martin Luther Ring, Jr. Dr. Atlanta, Georgia 20334-1530

DOCKET NUMBER : 950470675
CONTROL NUMBER : 9500593
DATE INC/AUTH/FILED: 01/06/1995
JURISDICTION : GEORGIA
PRINT DATE : 02/16/1995
FORM NUMBER : 02/1

MORTGAGE LENDERS ASSOCIATION, INC. LINDA JOHNSON 1640 POWERS FERRY RD, BLDG 6, STE 100 MARIETTA, GA 30067

#### CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MORTGAGE LENDERS ASSOCIATION, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authori ad 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 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.

MAX CLELAND SECRETARY OF STATE

VERLEY J. SPIVEY

DEPUTY SECRETARY OF STATE