# F9500003816

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS	STAUS -8 ANI
SUBJECT: SOUTH STATE MORTGAGE, INC. (Name of corporation - must include suffix)	+ 137
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization of Florida", "Certificate of Existence", and check are submitted to regist foreign corporation to transact business in Florida.	to Transact Business in er the above referenced
Please return all correspondence concerning this matter to the following	<b>:</b>
MIKK_HALL. (Name of Person)  SOUTH_STATE_MORTGAGE_INC. (Firm/Company)	BDDDD1546878 -07/26/9501079005 ******78.75 *****78.75
990 HAMMOND DRIVE. SUITE 350 (Address)	
(City, State and Zip Code)	W95-15081
Should you need to call someone concerning this matter, please call:	
MIKE HALL at (404 ) 551 - 2400 (Name of Person) Area Code & Daytime Telephone Num	nber

## **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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 26, 1995

MIKE HALL SOUTH STATE MORTGAGE, INC. 990 HAMMOND DR., STE. 350 ATLANTA, GA 30328

SUBJECT: SOUTH STATE MORTGAGE, INCORPORATED

Ref. Number: W95000015081

SS AUG -8 AHII: 17

We have received your document for SOUTH STATE MORTGAGE, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence, 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.

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 (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 095A00035581

## 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:

SOUTH STATE HORTGAGE. INCORPORATED  (Name of corporation: must include the word "INCORPO  (Name of corporation: must include the word "INCORPO  (Name of corporation: must include the word "INCORPORATED")  (Name of corporation: must include the word "INCORPORATED")	RATED", "COMPANY", "CORPORATION" or words or icate that it is a corporation instead of a natural
person or partnership if not so contained in the name at pr	escal.)
2. GEORGIA (State or country under the law of which it is incorporated)	3. 58-1614157 (FEI number, if applicable)
4. OCTOBER 1984 (Date of Incorporation)	5. PERPETUAL. (Duration: Year corp. will cease to exist or "perpetual")
6. AUGUST 1, 1995 (Date first transacted business in Florida, (SEE SECTIO	NS 607.1501, 607.1502, AND 8173155, F.S.D
7. 990 HAMMOND DRIVE, SUITE 350	LLAHA.
ATLANTA, GA 30328	% ≥ 177 MG ≥ 177
(Current mail	
MORTGAGE BROKER     (Purpose(s) of corporation authorized in home state or coun Florida)	
<ol> <li>Name and street address of Florida registere acceptable)</li> </ol>	d agent: (P.O. Box or Mail Drop Box NOT
Name: MICHELLE YOUNG	
Office Address:	275
ORLANDO	, Florida , <u>32803</u> (Zip Code)
10. Registered agent's acceptance:	(cap code)
Having been named as registered agent and to acc corporation at the place designated in this applica registered agent and agree to act in this capacity. all statutes relative to the proper and complete per and accept the obligations of my position as registe	tion, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with
2011	

(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 addresses of officers and/or directors: (Street address ONLY-P,·O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: \_\_\_ Vice Chairman:\_\_\_\_\_ Address: \_\_\_\_\_ Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: \_\_\_\_\_ Address: \_\_\_\_\_ Vice President: MIKE HALL EXECUTIVE VICE PRESIDENT / CFO Address: 7650 FOX COURT DULUTH, GA 30136 Secretary: TIM FLANAGAN Address: 4151 CREEK HOLLOW WAY DULUTH, GA 30136 Treasurer: Address: \_\_\_\_\_ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature & Chairman, or any officer listed in number 12 of the application) 14. MICHELLE YOUNG. REGISTERED AGENT
(Typed or printed name and capacity of person signing application)

Secretary of State Business Information and Services Buite 315. West Tomer 2 Martin Tuther Kinn Dr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER CONTROL NUMBER DATE INC/AUTH/FILED: 10/02/1984 JURISDICTION PRINT DATE FORM NUMBER

8414671 GEORGIA 07/31/1995

952120508

SOUTH STATE MORTGAGE, INC. ATT: CASS REGENT 990 HAMMOND DR SSUITE 350 ATLANTA GA 30328

#### CERTIFICATE OF EXISTENCE

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

### SOUTH STATE MORTGAGE, INC. A DOMESTIC PROFIT CORPORATION

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 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

