F9500000505064

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

95 OCT 18 AM 8: 50
SECRETARY OF STATE A

SUBJECT: PERSONAL EXPRESS LOANS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marc Bearden
(Name of Person)
SunTrust Banks, Inc.
(Firm/Company)
P.O. Box 4418, Mail Code 662
(Address)
Atlanta, GA 30302
(City, State and Zip Code)

300001603193 -10/06/95--01098--006 *****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Marc Bearden at (404) 581 1491

(Name of Person) Area Code & Daytime Telephone Number

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

October 9, 1995

MARC BEARDEN SUNTRUST BANKS, INC. PO BOX 4418, MAIL CODE 662 ATLANTA, GA 30302

SUBJECT: PERSONAL EXPRESS LOANS, INC.

Ref. Number: W95000019992

We have received your document for PERSONAL EXPRESS LOANS, INC. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 395A00045553

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:

1-95 of Incorporation	ion ss in Florida. (See sectio	Perpetual (Durasion:	Year corp. w	ili cease to	exist or "perpet	ual7
on Qualificat ransacted busine	ion ss in Florida. (See secto				exist or "perpet	ual7
ransacted busine	ss in Florida. (See section	ns 607.1501, 60	7.1502, and 817			
		one 607.1501, 60	7.1502, and 817			
0. Box 4418,	Center 044			'.155, F.S.)		
					₹.	_
lanta, GA 30	302				ָרָרְ פָבָרָ	. S
	(Current mailing addre	ess)			A H.	00
T leana	a Caman				ASS	8
(s) of corporation	authorized in home :	state or count	ry to be carri	ed out in th	e state of Florid	
					ر ان ابا	
and street ad	dress of Florida r	registered	agent:		ORI ORI	S
Name:	Janet C. Thorp	e, Esq.		_	D'A	0
ffice Address:	200 S. Orange	Avenue, SC	AB-10	_		
	Orlando			- Elorida	32801	
	<u> </u>			i i ioriua ,	(Zip Code))
	nsumer Finance (s) of corporation and street additional Name:	namer Finance Company (s) of corporation authorized in home s and street address of Florida s Name:	namer Finance Company (s) of corporation authorized in home state or count and street address of Florida registered Name:	namer Finance Company (s) of corporation authorized in home state or country to be carri and street address of Florida registered agent: Name:	namer Finance Company (a) of corporation authorized in home state or country to be carried out in the and street address of Florida registered agent: Name:	ASSISTANCE Company Sets) of corporation authorized in home state or country to be carried out in the state of Florida and street address of Florida registered agent: Name: Janet C. Thorpe, Esq. Orlando , Florida , 32801 (Zip Code)

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)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTOR	s (Street address only- P. O . Box NOT accepta	DIO)
Chairman:	Wynn E. Cline	
Address:	55 Park Place, NE, Center 044	
-	Atlanta, GA 30303	
Director:	R.A. Mash	
Address:	303 Peachtree Street, NE, Centur 087	
	Atlanta, GA 30308	
Director:	Robert R. Long	
Address:	1 Park Place, NE, Center 063	
	Atlanta, GA 30303	
Director:	John C. Hollister	
Address:	25 Park Place, NE, Center 662	
	Atlanta, GA 30303	
B. OFFICERS (Str	eet address only- P. O. Box NOT acceptable)	
President:	-	
	303 Peachtree Street, NE, Center 087	
	Atlanta, GA 30308	
Vice President	Robert Gozzone	-
	55 Park Place, NE, Center 044	27
.iddress	Atlanta, GA 30303	# J
	Toba G Hally to a	7-4-12-2
Secretary:	(i) (ii)	
Address:	(C) (D)	
,	Qn O	
Treasurer:	Jorge Arrieta	
Address:	55 Park Place, NE, Center 044	
NOTE: If neces listing addition	Atlanta, GA 30303 sary, you may attach an addendum to the application of directors.	ation
13. (Signature	of Chairman, Vice Chairman, or any officer listed in n	umber
	of Chairman, Vice Chairman, or any officer listed in n 12 of the application)	
14. (Typed or)	Wynn E. Cline, Chairman Printed name and capacity of person signing application)
(Typed or I	printed name and capacity of person signing application)

Becretary of State...

Business Information and Berviers

Suite 315, West Cower

2 Martin Euther King Ir. Br.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 952550820
CONTROL NUMBER : 9523668
DATE INC/AUTH/FILED: 08/01/1995
JURISDICTION : GEORGIA
PRINT DATE : 09/12/1995
FORM NUMBER : 211

MARK BEARDEN
SUNTRUST BANK INC
P O BOX 4418-MAIL CODE 662
ATLANTA GA 30302

CERTIFICATE OF EXISTENCE

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

PERSONAL EXPRESS LOAMS, 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 ('fficial 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 ST

95 OCT 18 AH 8: 50
SECRETARY OF STATE
TALLAHASSEE. FLORID,

CORPORATIONS HOT LINE 404-656-2222 Dutside Metro-Atlanta