

F96000000911

CORPORATION SYSTEM
 Registrator's Name
 660 East Jefferson Street
 Address
 Tallahassee, FL 32301 222-1092
 City State Zip Phone
 CORPORATION(S) NAME

500001721895
 02/22/96--01095--007
 *****70.00 *****70.00

First Financial Mortgage Services, Inc

RECEIVED

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Limited Liability	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Resurrection	<input type="checkbox"/> Change of Name
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> CUS
<input type="checkbox"/> No Statement	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Certified Copy		<input type="checkbox"/> Pick Up
<input type="checkbox"/> Call When Ready		
<input checked="" type="checkbox"/> Walk In		
<input checked="" type="checkbox"/> Mail Out		

2/22
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Name
 Availability
 Unclassified
 Exempt
 Director
 Officer
 Acknowledgment
 W.P. Verifier

2-22-96

PLEASE RETURN EXTRA COPIES
FILE STAMPED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. First Financial Mortgage Services, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2018861

(FEI number, if applicable)

4. March 7, 1991

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. 3525 Holcomb Bridge Rd., Suite 2A, Norcross, Georgia 30092

(Current mailing address)

8. Mortgage Broker

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System


(Registered agent's signature) (Officer)

John Masters-Vice President

(Type Name and Title of Officer)

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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: Paul Klona

Address: 3525 Holcomb Bridge Rd. Suite 2A
Norcross, Georgia 30092

Vice Chairman: Barbara Klona

Address: 3525 Holcomb Bridge Rd. Suite 2A
Norcross, Georgia 30092

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul Klona

Address: 3525 Holcomb Bridge Rd. Suite 2A
Norcross, Georgia 30092

Vice President: _____

Address: _____

Secretary: Barbara Klona

Address: 3525 Holcomb Bridge Rd. Suite 2A
Norcross, Georgia 30092

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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul Klona, President

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

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Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960500112
CONTROL NUMBER : 9103782
DATE INC/AUTH/FILED: 03/07/1991
JURISDICTION : GEORGIA
PRINT DATE : 02/19/1996
FORM NUMBER : 0211

CT CORPORATION SYSTEM
JEFFREY HARRISON
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

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

FIRST FINANCIAL MORTGAGE SERVICES, 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.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

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