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TO: Qualification/Tax Lien Section
Division of Corporations

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*****70.00 *****70.00

SUBJECT: STALLINGS FINANCIAL GROUP, 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:

SHIRLEY V. STALLINGS
(Name of Person)

STALLINGS FINANCIAL GROUP, INC.
(Firm/Company)

1111 SOUTH MARIETTA PARKWAY
(Address)

MARIETTA, GA 30060
(City/State/Zip)

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 MAR 15 AM 10:05

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

WENDELL ETHERIDGE at (770) 428-2454
(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 Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. STALLINGS FINANCIAL GROUP, 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 combined in the name at present.)

2. GEORGIA

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

3. 28-1920620

(Fed. number, if applicable)

4. JUNE 28, 1981

(Date of incorporation)

5. PERPETUAL

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

6. NOT APPLICABLE

(Does firm transact business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 617.135, F.S.)

7. 1111 SOUTH MARIETTA PARKWAY

MARIETTA, GA 30060

(Current mailing address)

8. DEBT COLLECTION AGENCY

(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: (P.O. Box or Mail Drop Box NOT
acceptable)

Name: MICHAEL L. GRUVER

Office Address: 1353 EAST LAFAYETTE

TALLAHASSEE

, Florida, 32301

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named
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.

Michael L. Gruver
(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 15 4 12 PM '81

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: SHIRLEY V. STALLINGS

Address: 296 FAIRWOOD TERRACE

ACWORTH, GA 30101

Vice President: _____

Address: _____

Secretary: JANET L. PUETT

Address: 219 WYNDHAM WOODS TRAIL

POWDER SPRINGS, GA 30073

Treasurer: _____

Address: _____

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

13. Shirley V. Stallings
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHIRLEY V. STALLINGS, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 15 AM 10:07

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

DOCKET NUMBER : 960530041
CONTROL NUMBER : 8308149
DATE INC/AUTH/FILED: 06/25/1983
JURISDICTION : GEORGIA
PRINT DATE : 02/22/1996
FORM NUMBER : 211

WENDELL ETHERIDGE
1111 SOUTH MARIETTA PARKWAY
MARIETTA GA 30060

CERTIFICATE OF EXISTENCE

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

STALLINGS FINANCIAL GROUP, 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