F9600001592

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

9000001761629 -03/28/36--01076--029 *****70.75

SUBJECT:	vestors Mortgage Corporation
04	(Name of corporation - must include suffix)
Dear Sir of Madam:	
The enclosed App	lication by Foreign Corporation for Authorization to Transact Business in
foreign corporation	te of Existence", and check are submitted to register the above referenced to transact business in Florida.
비 글 중	
Please return all con	respondence concerning this matter to the following:
S AIC	STUART HART
	(Name of Person)
	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1
_	Investors Mortgage Corporation (Firm/Company) 5094 Dorsey Hall DR. STE 205 3
	5094 Dorsey Hall DR. STE 205 3 25
_	5094 Dorsey Hall DR. STE 205 3 00 19
_	(Address)
	(Firm/Company) 5094 Dorsey Hall DR. STE 205 (Address) Ellicott City, MD 21042
-	(City, State and Zip Code)
	大
Should you need to	call someone concerning this matter, please call:
STUART H	at (410) 730 - 8822.
(Name of F	erson) 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 J. J. J. J. X

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Stuart Hart	_ , do hereby certify
that this Resolution of the Board of Directors of <u>Investors</u> <u>Morte</u>	rage Corporation
a corporation duly organized and existing under the laws of the State of $_$	Maryland.
was duly adopted on $3/20$, 19.96.	•
Resolved, that <u>Investors Mortgage Corporation</u> , and existing in the State of <u>Mary land</u> , hereby	adopts the
name Investors Mortgage Associates, Inc	use in Florida.
Dated: 3/20/96	•
Signature of atleast on	want Hart

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:

	Mary /and	<u>-</u>	3.		2-1880	359
t	or country under the laws د د د د د د د د د د د د د د د د د د د	of which it is incor	porated)	(FEI numl	oer, if applicab ה נואף מא	10)
	(Date of Incorporation)		(Duration:	Year corp. V	vill cease to ex	dst or "perpetual"
	Uron qualif	ication				
t	e first transacted business i	n Florida. (See sect	iona 607.1501, 60	07,1502, and 81	7.155, F.S.)	
	5094 DOCS	cy Hall	DK.	5T E	<u> 205</u>	
	5094 Dors Ellicoff Cit	y. MD	2104	2_		
	(Cu	rrent mailing add	ress)			
	To conduct.	no chance	broker	1 leadin	a Acti	ivites
P	To conduct , urpose(s) of corporation at	ithorized in home	state or coun	try to be car	ried out in the	state of Florida)
¥	ame and street addre		_	agent:		
	Name:	Alan Hart				
	Office Address:	140 South	Federal	Hwy SI	ان تى سى . مىلان تى سى	
	Onice Address.	Deefield Be	rock	·/	— . Florida .	33441
					,	(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)

with and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairm	an:
Addres	39:
Vice C	hairman: <u>None</u>
Addres	SS:
	OF: STUART HART
Addres	ss: 37 International Circle
	owings Mills, MD. 21117
	or: MARC Contract
Addres	ss: 8524 Harvest View ct.
	Ellicott city, MD 21043
B. OFFICERS	
Preside	ent: STUART HART
Addres	ss: 37 International circle
	OWINGS Mills, MD 21117
Vice P	resident: MARC Contract
Addre	ss: 8524 Harvest View ct.
	Ellicott City, MD 21043
Secre	tary: STUART HART
Addre	ss: 37 International Circle
	owings Hills, MB 21117
	urer: MARC Contract
Addre	oss: 8524 Harvest View Cf
	Ellicoft City, MD 21043
and/or directors.	you may attach an addendum to the application listing additional officers
13	eart Hart
(Signature of Chairman	n, Vice Chairman, or any officer listed in number 12 of the application)
14. STU	PART President
(Typea or printed t	name and capacity of person signing applications

STATE OF MARYLAND

433624

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, LEAH HAMM-CURRY

OF THE STATE DEPARTMENT OF ASSESSMENTS
AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID
DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS
OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE
CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND
I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INVESTORS MORTGAGE CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THE 27TH DAY OF MARCH, 1996.

LEAH HAMM-CURRY / OFFICE SUPERVISOR II

A'T5-031