

F9600001636

Requestor Name
Address
City/State/Zip
Tallahassee FL 32311
Phone #
942-5467
DIVISION OF CORPORATIONS

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
 2. _____ (Corporation Name) _____ (Document #)
 3. _____ (Corporation Name) _____ (Document #)
 4. _____ (Corporation Name) _____ (Document #)
- See Attached*

- ☐ Walk in ☐ Pick up time 4/1/96 2-2:15 pm ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR - 1 PM 2:02
904/1

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200001765162
-04/01/96--01098--004
*****78.75 *****78.75

Handwritten signature

Examiner's Initials	
---------------------	--

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR - 1 PM 2:02

SUBJECT: RIVER CITY MORTGAGE CORPORATION
(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:

LOUIS B. OLSEN
(Name of Person)
RIVER CITY MORTGAGE CORPORATION
(Firm/Company)
2208 EAST 117TH STREET, STE 110
(Address)
BURNSVILLE, MN 55337
(City, State and Zip Code)



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

LOUIS B. OLSEN at (612) 894 - 1884
(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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. RIVER CITY MORTGAGE CORPORATION
(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. MINNESOTA 3. 411772594
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 1, 1994 5. Perpetual
(Date of incorporation) (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 817.155, F.S.)
7. 2208 EAST 117TH STREET, SUITE 110
BURNSVILLE, MN 55337
(Current mailing address)
8. TRANSACTION Mortgage Lending Business
(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: Linda Cole
Office Address: 4030 Vancouver Ave
Cocoa, FL 32926, Florida, 32926
(Zip Code)

10. Registered agent's 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 obligations of my position as registered agent.

(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:

A. DIRECTORS

Chairman: None

Address: See below

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LOUIS B. OLSEN

Address: 4470 LYNX COURT

EAGAN, MN 55123

Vice President: GARY R. FRECHETTE

Address: 4721 WEST 124TH STREET

SAVAGE, MN 55378

Secretary: BLAINE M. PETERSON

Address: 9701 UPTON ROAD

BLOOMINGTON, MN 55431

Treasurer: LOUIS B. OLSEN

Address: 4470 LYNX COURT

EAGAN, MN 55123

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -1 PM 2:03

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.

LOUIS B. OLSEN, PRESIDENT

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

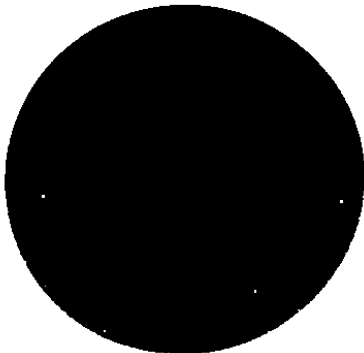
Name: River City Mortgage Corporation

Date Formed: 02/18/1994

Chapter Governed By: 302A

This certificate has been issued on 03/28/96.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -1 PM 2:03



Joan Anderson Grove
Secretary of State.