# F960000000003176

"O: Qualification/Tax Lien Section Division of Corporations

\$5,010.10.00010.55 77.500.15.75.3 -067.207.05 --010037--004 \*\*\*\*\*76.75 \*\*\*\*\*\*76.75.

SUBJECT: <u>becurity national mortgage Co</u>rp.

(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:

Robert - Ross (Name of Person)	
Security National Mortgage (Firm/Company)	COLD
	0
595 SKIPPICK PIKE # 200 (Address)	SECRETA INSIGN OF 96 JUN 2
(City/State/Zip)	FILED STARY OF STORPOR
	state Rations 9: 34

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

Pob Ross
(Name of Person)

at (2/5) 542-2440 (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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Security Nextonal Mostage Cost.  (Name of corporation; flust 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. State or country under the law of which it is incorporated)  (Fill number, if applicable)		
4. 3-17-93 5. Qerretual (Date of Incorporation)  [Duration: Year corp. will cease to exist or "perpetual")		
4. 3-17-93 (Date of Incorporation)  5. QC (Pc+va) (Duration: Year corp. will cease to exist or "perpetual")  6. Qo (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)  7. 595 SK (Plack Pik # 200 20 Pik F		
7. 595 SKIPPACK PIF # 200 N SET		
Slue Ball PA 19422 = Ball		
(Current mailing address)		
8. Moltgage Broker - UPON Approval From (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:Sames Croslex		
Office Address: 1744 East Bismaik St		
Hernando, Florida, 34442		
10. Registered agent's acceptance: (Zip Code)		
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 deter-stripature)  JAMES R. CROSLEY  11. Attached is a certificate of existence duly authenticated at the control of the control		
JAMES R. CROSLEY  I 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.		

SECRE	
유로	n
CORPUS SY OF S	ב
STATE	
货	

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: None Address: Vice Chairman: NONE Address: Director: No Ne Address: Director: None-Address: ڣ B. OFFICERS (Street address only- P. O. Box NOT acceptable) (a 05-5 President: Address: 08007 Vice President: Address: \_ Secretary: Same Address: \_\_\_\_ Treasurer: \_\_\_\_\_\_ \( \subseteq \bar{A} \) Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Robert Tross President

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



# COMMONWEALTH OF PENNSYLVANIA

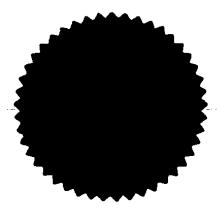
DEPARTMENT OF STATE

APRIL 18, 1996

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SECURITY NATIONAL MORTGAGE CORP.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



I DO HEREBY CERTIFY THAT.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

SWAL

96 JUN 24 AM 9: 34

SECRETARY OF STATE DIVISION OF CORPORATIONS