

F96000005806

TRANSMITTAL LETTER

TO: Qualification Tax Lien Section
Division of Corporations

000001995690--3
-11/05/96--01049--017
*****70.00 *****70.00

SUBJECT: Cimarron Mortgage Company
(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:

Rob Thornton

(Name of Person)

Cimarron Mortgage Company

(Firm/Company)

4800 I-55 North, Suite 28

(Address)

Jackson, MS 39211

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV -4 AM 8:53

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

Rob Thornton

(Name of Person)

at (601) 987-8020 ext. 105
(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. Cimarron Mortgage Company
(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. Mississippi
(State or country under the law of which it is incorporated)
3. _____
(FBI number, if applicable)
4. 12-24-91
(Date of Incorporation)
5. Duration is 99 years
(Duration: Year corp. will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. Cimarron Mortgage Company
4800 I-55 North, Suite 28 Jackson, MS 39211
(Current mailing address)
8. Cimarron is a HUD, VA, FNMA, GNMA and FHLMC approved seller/servicer who purchases loans and services loans throughout the Southeast.
(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 acceptable)**
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, _____, Florida, 33324
(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.

See Attached

(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
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

RE: **CIMARRON MORTGAGE COMPANY (Mississippi Domestic)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 18, 1996

C T CORPORATION SYSTEM

By Bonnie L. Harmon
Bonnie L. Harmon,
Assistant Secretary

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TALLAHASSEE, FLORIDA

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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: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. George T. Henley Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



4800 I-55 North, Suite 28
Jackson, Mississippi 39211

(601) 987-8020
FAX: (601) 987-8022

OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Paul J. Salvo
President/Director
6225 Waterford Drive
Jackson, MS 39211

George T. Henley
Vice President/Director
731 Woodgate Drive
Madison, MS 39110

Linda Scott
Secretary
107 Concord Drive
Clinton, MS 39056

Michael T. McRee
Chairman/Director
1611 Divine Street
Jackson, MS 39202

H.C. Bailey, Jr.
Director
14 East Hill Drive
Jackson, MS 39216

Gerald Garnett
Director
263 Forest Lake Drive
Madison, MS 39110

Southern Farm Bureau
County Line Road
Ridgeland, MS 39158
** own the remaining shares of stock**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSISSIPPI

SECRETARY OF STATE'S OFFICE

ERIC CLARK

SECRETARY OF STATE
JACKSON, MISSISSIPPI

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 24, 1991 the state of Mississippi issued a Charter/Certificate of Authority to:

CIMARRON MORTGAGE COMPANY

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
October 15, 1996

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State

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56 NOV -4 AM 8:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

F96000005806

CIMARRON
MORTGAGE COMPANY

4800 I-55 North, Suite 28
Jackson, Mississippi 39211

(601) 987-8020
FAX: (601) 987-8022

November 11, 1996

Florida Department of State
Division of Corporations
P O BOX 6327
Tallahassee, FL 32314

Re: Letter Number 896A00051084
Document Number F96000005806

This letter is in reference to :

CIMARRON MORTGAGE COMPANY
4800 I-55N #28
Jackson, MS 39211

Per your request, our Federal Employer Identification number is: 64-0809254.

Should you have any questions regarding this matter, please call (601) 987-8020.

Sincerely,

Rob Thornton
Rob Thornton
Business Development Manager

RHB