Qualification/Tax Lien Section To: Division of Corporations

A.R.T. FINANCIAL Services, FNC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

400002336614

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:

FINANDIAL

(Address)

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

(Name of Person)

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section 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.

A B T CINIDADON SOLVERS TAKE

1. 11. N. I. PIWANGAL DEFOTELY 42100.		<u> </u>
(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.)		
natural person of partnership it not so contained in the minie at presently		
A = A.		
2. Michigan 3. 38-3253310		
2. Michigan 3. 38-3253310 (State or country under the law of which it is incorporated) (FEI number, if applicable)	₩	-믈
(State or country under the law of which it is incorporated) (FEI number, if applicable)		38
A see	No.	증유
4. AUG 16, 1993 5. Perfectual	=	
4. AUG 16, 1995 (Date of incorporation) 5. Pethe tual (Duration: Year corp. will cease to exist or "perpetual")	<u>5</u>	
	3	62 <u>,</u>
6. None til licenson is approved	===	중유
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		⁻ 유s
	<u>0</u>	AA
7 513 E. 8±56. Suite 15	2	<u>o</u> m
1. 3(J L. 8 3(1. 300 L.)	<u> </u>	- 35
Hollang, Mi 49423 (Current mailing address)		
		- ·
(Current mailing address)		
8. Correspondent mortgage lenders License	=	
8. Correspondent morgage fender of ficing		_
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
, 11mms and 50000 and 5000 and 5000000000000000000000000000000000000		
Name: DAN TEERMAN		
i Karik Cala		
Office Address: 600 Kenwick Circle		
2		
Casselberry Florida 12701		
Casselberry, Florida, 32707 (Zip code)		
(cip code)		
10 Pagistavad agant's assentance		

10. Registered agent's acceptance:

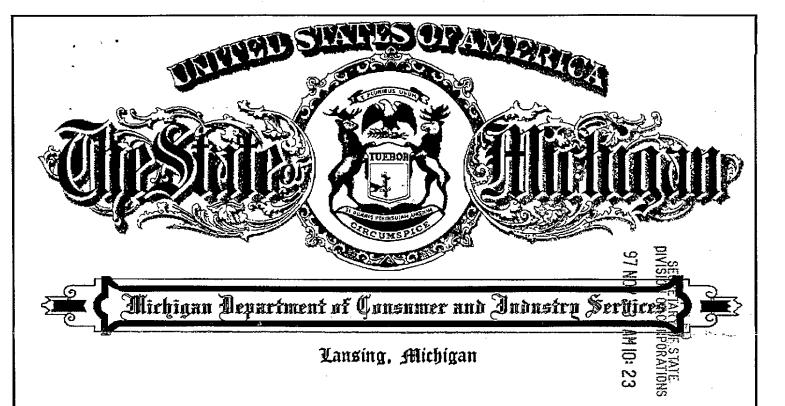
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Vice President: Address: Secretary: _ Address: _ Treasurer: __ 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) TEERMAN

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



This is to Certify That

A.R.T. FINANCIAL SERVICES, INC.

was validly incorporated on August 16, 1995, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 6th day of October, 1997.

, Director

Corporation, Securities and Land Development Bureau

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