F97000005949

To: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: __Diversified Mortgage Company, Inc. -(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: Lori Mercier (Name of Person) Diversified Mortgage Company, Inc. (Firm/Company) 4372 Post Road (Address) East Greenwich, Rhode Island 02818 (City/State/Zip) 97--01093-Should you need to call someone concerning this matter, please call: W97-23834 <u>Debbie King</u> at (401) 885-5900 (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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 20, 1997

LORI MERCIER %DIVERSIFIED MORTGAGE COMPANY, INC. 4372 POST ROAD EAST GREENWICH, RI 02818

SUBJECT: DIVERSIFIED MORTGAGE COMPANY, INC.

Ref. Number: W97000023834

We have received your document for DIVERSIFIED MORTGAGE COMPANY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

The registered agent must sign accepting the designation.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

SECRETARY OF STATE OIVISION OF CORPORATIONS

(850) 487-6097.

Michael Mays Document Specialist

Letter Number: 197A00051110

SECRETARY OF STATE DIVISION OF CORPORATIONS

CORPORATE RESOLUTION

RESO	LVED that			
-		the CHII	EF EXECUTIVE OFFICE	ER
	MICHAEL MARZOCCH	I _		
	Donathere		PRESIDENT	
	LORI MERCIER		I I I I I I I I I I I I I I I I I I I	-
		, the SECI	RETARY/TREASURER	Ł
	SUZANNE O ERV	-		-

Of this corporation, or any one or more of them or their duly elected or appointed successors in office, be and each of them is hereby authorized and empowered in the name of and on behalf of this corporation and under its corporate seal, from time to time while this resolution is in effect, to execute any and all agreements, contracts, assignments, endorsements and issuance of checks or drafts, reports, mortgage documents, and other papers in connection with documents, and furnish any information required or deemed necessary or proper.

CERTIFICATION

I HEREBY CERTIFY that the foregoing is a true and correct copy of a resolution presented to anterpretation and adopted by the Board of Directors of <u>DIVERSIFIED MORTGAGE COMPANY</u>, INC. <u>DBA DIVERSEAMERICAN MORTGAGE COMPANY</u>, at a meeting duly called and held at 4372 POST ROAD, EAST GREENWICH, RI 02818 on the 6th day of AUGUST, 1997 at which a quorum was present and voted, and that such resolution is duly recorded in the minute book of this corporation; that the officers named in said resolution have been duly elected or appointed to, and are the present incumbents of, the respective offices set after their respective names.

(CORPORATE SEAL)

(Secretary)

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.	(Name of corpor words or abbrev	ified Mortgac ration; must include th iations of like impert r partnership if not so	e word "INC in language a	CORPORATED as will clearly i	ndicate that	NY", "CORPORATIO	N" or ad of a			
2.	Rhode (State or country	e Island under the law of which	th it is incorp	3.	05-	-0446624 (FEI number, if appli	icable)	···		
4.	3/6/8 (Dat	87 e of incorporation)	-	5	Year corp. v	Perpetual will cease to exist or "p	erpetual")			
6.		upon qualific			_	•	*			
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)										
7.	·	43	72 Post	Road						
		ਸ =	st Croo	nwich, R]						
				nailing address			- 27			
							¥0			
8.		Mo	rtgage	Lender						
9.			la registere			ied out in state of Flori Iail Drop Box <u>NOT</u> a		FO STATE		
Of	fice Address:	1200 So. Pine	Island R	oad :	<u> </u>					
	-	Plantation, l	FL 33324		_, Florida,	33324 (Zip code)				
10.	Registered ag	ent's acceptance:					•			
un l con	nis application, . nply with the pro	l hereby accept the ap	pointment a relative to th	s registered ag ie proper and o	mt and agre	bove stated corporation to act in this capacity formance of my duties,	y. I further ag , and I am fam	ree to iliar with		
		- Ja	(Registere	d Carl	asu) ure)	PATRICIA A. SPECIAL ASSISTAN	CANARIO NT SECRETARY			

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: __ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Lori Mercier Address: 4372 Post Road, East Greenwich, RT 02818 XVixeDresidentX CEO: Michael Marzocchi 4372 Post Road, East Greenwich, RI 02818 Secretary: Suzannë O. Fry Address: 4372 Post Road, East Greenwich, RI 02818 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. LORI MERCIER, PRESIDENT (Typed or printed name and capacity of person signing application)

James R. Langevin, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES that

DIVERSIFIED MORTGAGE COMPANY, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on the sixth day of March A.D., 1987; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office. $g \in \mathbb{R}$

SIGNED AND SEALED this four day of September A.D., 1997

James R Langevin

Secretary of State

Secretary of State

Duly Authorized Agent Secretary of State

Corporations Division

