

F98000000225

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: EQUITABLE SOLUTIONS, 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:

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-01/13/98--01102--001
****122.50 ****122.50

TOM FISHER

(Name of Person)

EQUITABLE SOLUTIONS, INC.

(Firm/Company)

550 FOREST, SUITE 15

(Address)

PLYMOUTH, MICHIGAN 48170

(City/State/Zip)

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

TOM FISHER

(Name of Person)

at (313), 207-2036

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 13 AM 9:17

**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. EQUITABLE SOLUTIONS, INC.
(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. MICHIGAN 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-28-96 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. LOOKING TO TRANSACT BUSINESS IN FLORIDA
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 550 FOREST, SUITE 15
PLYMOUTH, MICHIGAN 48170
(Current mailing address)

8. MORTGAGE LENDER & BROKER
(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)

Name: TOM FISHER

Office Address: 1000 WINDERLEY PLACE #244
MAITLAND, Florida, 32751
(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.

X Thomas T. Fisher
(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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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: TOM FISHER

Address: 44437 OREGON TRAIL
PLYMOUTH, MI 48170

Vice Chairman: JASON GREEN

Address: 1130 CASTLE ROW
INDIANAPOLIS, IN 46220

Director: _____

Address: _____

Director: _____

Address: _____

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

President: TOM FISHER

Address: SAME AS ABOVE

Vice President: JASON GREEN

Address: SAME AS ABOVE

Secretary: TOM FISHER

Address: SAME AS ABOVE

Treasurer: JASON GREEN

Address: SAME AS ABOVE

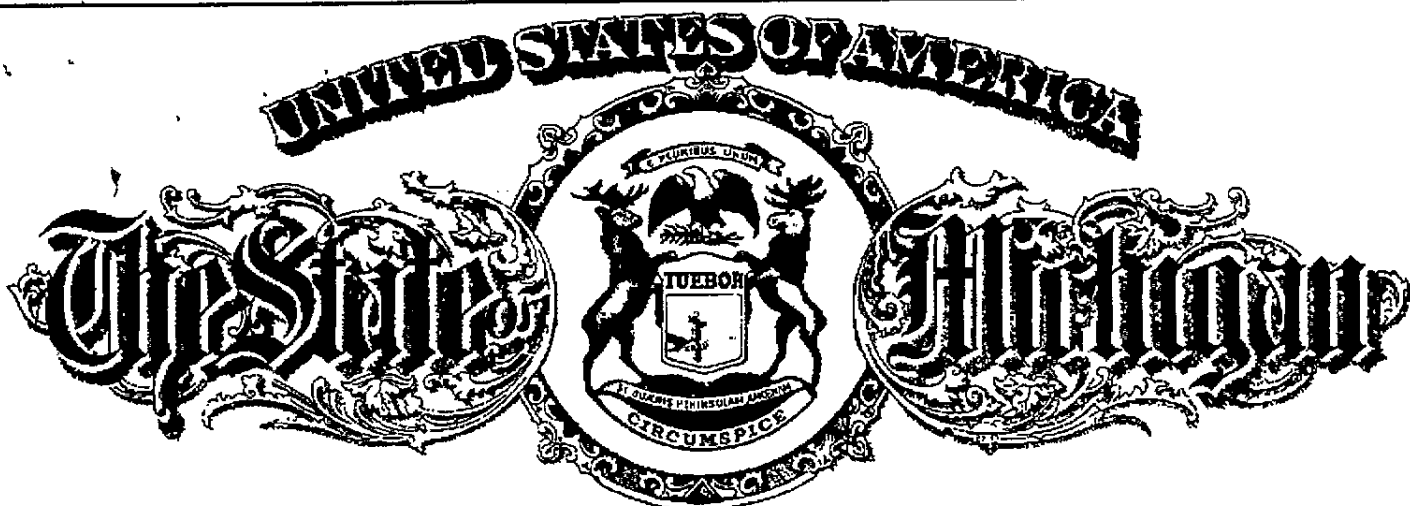
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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

14. TOM FISHER, CHAIRMAN, PRESIDENT, SECRETARY

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



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

EQUITABLE SOLUTIONS, INC.

*was validly incorporated on March 28, 1996, 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.*

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*In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 7th day
of January, 1998.*

Julie Croll

, Director

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Corporation, Securities and Land Development Bureau