

F98000002489

Requestor's Name

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

1331 East Lafayette Street, Suite C  
Tallahassee, Florida 32301

Voice: (904) 942-5464 Fax: (904) 942-5111

Office Use Only

NUMBER(S), (if known):

1. Fairway Independent Mktg. Corp.  
(Corporation Name) (Document #)
2. Feel ei# 760503625  
(Corporation Name) (Document #)
3. W98-8149  
(Corporation Name) (Document #)
4. 925/1  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 4/13 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

98 MAY - 1 PM 2:58

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

98 APR 10 PM 2:06

RECEIVED

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3000002485343-1  
-04/10/98--01083--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 10, 1998

FLORIDA COMPLIANCE SPECIALISTS, INC.  
WALK-IN

SUBJECT: FAIRWAY INDEPENDENT MORTGAGE CORPORATION  
Ref. Number: W98000008149

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DIVISION OF CORPORATIONS  
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We have received your document for FAIRWAY INDEPENDENT MORTGAGE CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The certificate that we require is issued by the Secretary of State's office, not the Comptroller of Public Accounts.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 198A00019225

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Fairway Independent Mortgage Corporation

(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.)

Texas 3. 760503625  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

\* 04/19/96 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

Upon Qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

\* 2810 Crossroads Dr. #1900  
Madison, WI 53718  
(Current mailing address)

Mortgage Lending License  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

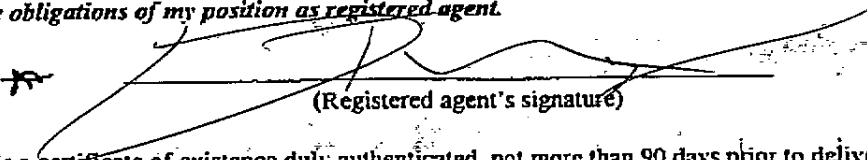
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

\* Name: \_\_\_\_\_  
Ice Address: FLORIDA COMPLIANCE SPECIALIST, INC.  
1331 E. LAFAYETTE STREET, STE. C  
TALLAHASSEE, FLORIDA 32301

\_\_\_\_\_, Florida, \_\_\_\_\_  
(Zip code)

Registered agent's acceptance:

ing been named as registered agent and to accept service of process for the above stated corporation at the place designated  
his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to  
ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
accept the obligations of my position as registered agent.

\*   
(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the  
artment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law  
hich it is incorporated.

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Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Steven L. Jacobson

Address: 3109 Oakridge Ave., Madison, WI 53704

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Steven L. Jacobson

Address: 3109 Oakridge Ave., Madison, WI 53704

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

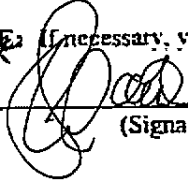
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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)

Steven L. Jacobson, President

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

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# The State of Texas

## SECRETARY OF STATE

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IT IS HEREBY CERTIFIED that  
Articles of Incorporation of

**FAIRWAY INDEPENDENT MORTGAGE CORPORATION**  
File No. 1397644

were filed in this office and a certificate of incorporation was issued to this corporation,  
and no certificate of dissolution is in effect and the corporation is currently in existence.

*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on April 13, 1998.*



Alberto R. Gonzales  
Secretary of State

BAM