

F 98000005078

FLORIDA COMPTROLLER OF REVENUE
133 E. LAFAYETTE STREET, STE. C
TALLAHASSEE, FLORIDA 32301

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Hamilton Insurance Services Inc
(Corporation Name) (Document #)
2. 581893790
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

98 SEP -9 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W9/9

☒ Walk in
☐ Mail out

☒ Pick up time _____
☐ Will wait

☐ Photocopy

☐ Certified Copy
☐ Certificate of Status

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

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-09/09/98--01069--022
*****78.75 *****78.75

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

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REG.
TALLAHASSEE, FLORIDA

Examiner's Initials

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Warren Hanchey (Name), do hereby certify

that this Resolution of the Board of Directors of Hamilton Insurance Services Inc. (Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia,

was duly adopted on February 17, 1997, 19__.

Be it resolved, that Hamilton Insurance Services Inc. (Corporate Name)

organized and existing in the State of Georgia, hereby adopts the name

Hamilton Lenders Inc. for use in Florida.

Dated: 8-25-98

Warren Hanchey
Signature of either Chairman, Vice Chairman or any officer

Warren Hanchey
Type or print name

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TALLAHASSEE FLORIDA

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. Hamilton Insurance Services 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. Georgia 3. 58 1893796
(State or country under the law of which it is incorporated) (FBI number, if applicable)

* 4. February 17, 1997 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 9800 Medlock Budge Rd.
Duluth, GA 30097
(Current mailing address)

8. Mortgage Lender
(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 Box acceptable)

Name: Charles W. McBurney, Jr.

Office Address: 1301 Riverplace Blvd;

Riverplace Tower Ste 1916, Florida, 32207
Jacksonville (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.

* [Signature]
(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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FLORIDA

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: Scott Hamilton

Address: 5725 River Club Pkwy.
Duluth, Ga. 30096

Vice Chairman: _____

Address: _____

Director: Warren Hanchey

Address: 118 Summerour Vale
Duluth, Ga. 30155

Director: _____

Address: _____

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

President: Scott Hamilton Warren Hanchey

Address: 118 Summerour Vale
Duluth, Ga. 30155

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

14. Warren Hanchey
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

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Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 982330533
CONTROL NUMBER : 8908524
DATE INC/AUTH/FILED: 04/28/1989
JURISDICTION : GEORGIA
PRINT DATE : 08/21/1998
FORM NUMBER : 211

HAMILTON INSURANCE SERVICES, INC.
DEBBIE PELHAM
9800 MEDLOCK BRIDGE RD STE 1
DULUTH GA 30097

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, hereby certify under the seal of my office that

HAMILTON INSURANCE SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE



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