

October 19, 1998

Qualification/Tax Lien, Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



To Whom it May Concern:

Enclosed please find an application to register a foreign corporation, also find the following:

- 1. Check for \$122.50 \$70.00 registration fee, plus \$52.50 for a certified copy
- 2. Current Certificate of Good Standing from State of New Jersey
- 3. New Jersey Mortgage Banking License
- 4. Florida Mortgage Banking License

S. Copy Now Jersey Cert. C. rade of Imor poration

Although we have been licensed in the state of Florida for two years, we have not been able

Although we have been lidensed in the state of Florida for two years, we have not been able to staff an office until October 1, 1998. We have been in business since 1988 first as a sole Proprietorship, then incorporated in 1990. We have never been sued, owe no tax obligation anyone and I am a member of the Better Business Bureau.

110/2b

Gary C. Christensen, 100%

Stockholder and President. I commute between the main office in Cherry Hill, New Zerse and my home and office in St. Lucie County, Florida. I purchased a residence in St. Escle County in July 1998.

Any clarification or explanation needed, please contact Gary Christensen.

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TRANSMITTAL LETTER

Qualification/Tax Lien Section

To:

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.

ı.	CHRISTENSEN MORTGAGE 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.	New Jerse	PY		3.	22-295-0	195				
	New Jersey (State or country under the law of which it is incorporated) 3. 22-295-0195 (FEI number, if apple						r, if applic	able)		
4.	7/5/90 (8	see attached) te of incorporation)	5.		Perpetua	ıl p. will cease				
	(Da	te of incorporation)	(Du	ıratio	n: Year cor	p. will cease	to exist or	"perpe	ual")	
6.	10/1/98 -	Opened and staffed offi	ice – Port	t St	. Lucie		-			
	(Date firs	t transacted business in Florida.) (S	SEE SECTIO	NS 6	07.1501, 60	7.1502 and 8	17.155, F.	S.)		_
7.	Main office - 1871 Route 70 East Suite 202 Cherry Hill, New Jersey						Jersey	0800	3	-
								SE TAL	98	
	(Current mailing address)							CRETA LAHAS	0CT 2	Ŧ
8.	Mortgage Brokering or Mortgage Banking							SE'S	<u></u>	
	(Purpose	(s) of corporation authorized in hor	me state or co	ountry	to be carri	ed out in stat	e of Florid		2	
9.	Name and str	eet address of Florida register	ed agent: ((P.O.	Box or Ma	ail Drop Bo	x <u>NOT</u> ac	xceptabl	e <u>1</u>	
	Name:	Gary C. Christensen, Pr	resident					>™		
Of	fice Address:	2400 S.E. Midport Road	Suite 2	208						
		Port St. Lucie			, Florida, _	34952				
					· · · ·	(Zip code)				

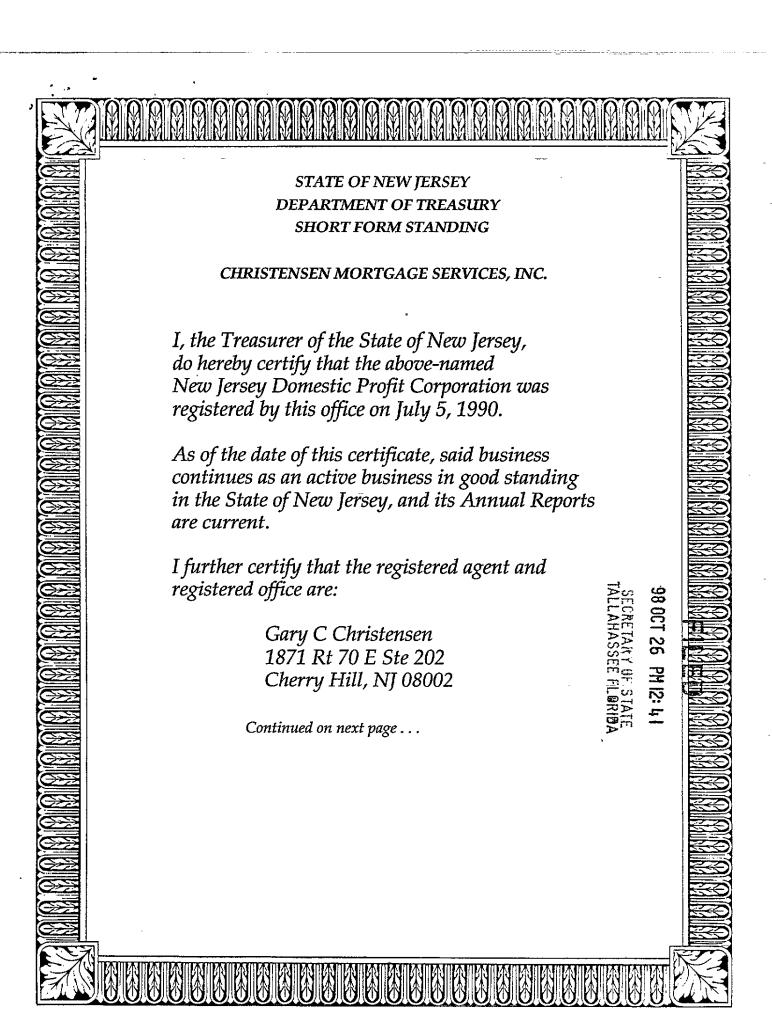
10. Registered agent's acceptance:

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 is 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.

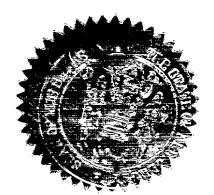
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Gary C. Christensen - 100% Stockholder Chairman: (Home) 11000 Ocean Drive 2-3 Address: Jensen Beach FL 34957 Vice Chairman: No other directors Address: ___ Director: None Address: ____ Director: None Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: <u>Gary C. Christensen- President 100% Stockholder</u> Address: (Home) 11000 Ocean Drive 2-3 Jensen Beach FL Vice President: None Address: Secretary: ___ None Address: _____ None Treasurer: Address: NOTE: If hecessary, you may affach 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) Gary C. Christensen (Typed or printed name and capacity of person signing application)





STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

CHRISTENSEN MORTGAGE SERVICES, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of October, 1998

James le Di Espertario J.

James A DiEleuterio, Jr. Treasurer

SECRETARY DE STATE