

**F99000000078**

FLORIDA COMPLIANCE SPECIALISTS, INC.  
DAVE TAYLOR, PRESIDENT

FLORIDA COMPLIANCE SPECIALIST, INC.  
1331 E. LAFAYETTE STREET, STE. F  
TALLAHASSEE, FLORIDA 32301

1331 East Lafayette Street, Suite F  
Tallahassee, Florida 32301  
Voice: (904) 942-5464 Fax: (904) 942-5111

Phone #

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-01/06/99--01040--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
Office Use Only

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

1. Executive Lending Services Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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

P/U  
1/5/99

FILED  
99 JAN -6 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
99 JAN -6 PM 10:55  
DIVISION OF CORPORATIONS

Examiner's Initials

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. Executive Lending 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. VIRGINIA 3. 54110498910  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-25-92 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. 4041 University Dr., Ste. 500  
Fairfax, VA 22030  
(Current mailing address)

8. Mortgage Lending  
(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 NOT acceptable)

Name: FLORIDA COMPLIANCE SPECIALIST, INC.  
1331 E. LAFAYETTE STREET, STE. F  
Office Address: TALLAHASSEE, FLORIDA 32301

, Florida, \_\_\_\_\_  
(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.

David Taylor (for Fl. Compliance)  
(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)

Chairman: JOHN L. CARTER

Address: 13633 BIRCH DRIVE  
CHANTILLY, VA. 20151

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

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

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

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

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

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

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

President: JOHN L. CARTER

Address: 13633 BIRCH DRIVE  
CHANTILLY, VA. 20151

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. John L. Carter, President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN L. CARTER, PRESIDENT  
(Typed or printed name and capacity of person signing application)

90 JAN -6 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# Commonwealth of Virginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

EXECUTIVE LENDING SERVICES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is August 25, 1992.

Nothing more is hereby certified.

FILED  
99 JAN - 6 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond  
December 17, 1998  
on this Date:

*Joel H. Beck*

Clerk of the Commission