FLORIBA COMPLIANCE SPECIALISTS, INC. DAVE TAYLOR, PRESIDENT

1331 East Lafayette Street, Suite F Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111

		Office Use (Only
CORPORATION	NAME(S) & DOCUMENT N	UMBER(S), (if known):	
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2(Cor	poration Name)	(Document #)	<u> </u>
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☐ Mail out	☐ Will wait ☐ Photocop	y Certificate of Star	PH 3: 52
NEW FILINGS	AMENDMENTS		DM V
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/D	Pirector	
Limited Liability	Change of Registered Agent		3 m
Domestication	Dissolution/Withdrawal	-	
Other	Merger		
			
OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		55 O
Fictitious Name	Foreign	-	
Name Reservation	Limited Partnership		3911334
	Reinstatement	-06/01/	391133—4 9901112002 8.75 *****78.75
	Trademark	AL JUN.	= 1.1999.
	Other		! . 1737 <u>:</u>

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:

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1.	(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.	(State or country under the law of which it is incorporated) 3. 330(089320 (FEI number, if applicable)
4.	(Date of Incorporation) 5. Ler Detuct (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	22936 Mill Creek Dr., Ste. A
	Laguna Hills, A 92653 (Current mailing address)
8.	(Purpose(s) of corporation authorized in horse 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. Office Address: 1331 E. LAFAYETTE STREET, STE. F TALLAHASSEE, FLORIDA 32301 Florida . Florida .
1	0. Registered agent's acceptance: (Zīp Code)
re	laving been named as registered agent and to accept service of process for the above stated orporation at the place designated in this application, I hereby accept the appointment as egistered 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
	nd accept the obligations of my position as registered agent. Tor floride April (Registered agent) signature)
1	1. 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 delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery of this application to the Department of State, by the Secretary of State or other delivery or othe

official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

12. Names ar	nd addresses of officers and/or directors: (Street address ONLY- P. O. Box ceptable)	. <u></u>
A. DIRECT	ORS (Street address only- P. O . Box NOT acceptable)	
Chairman:	See attached	-
Address:		·-
		* *
Vice Chairma	an:	y
Address:		
		دی معدمیں جمعرعہ نہیں ریا ہے ^{اسام} ا
B. OFFICE	RS (Street address only- P. O. Box NOT acceptable)	
President:	See attached	ar grad
Address:		·· · .
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Address:	ARE A	8
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	ORIGE CONTROL	ກ ສ ຼູ.
Treasurer: _		= = ,
Address:		at .
NOTE: If n officers and/	ecessary, you may attach an addendum to the application listing additional or directors.	
13. (Sign	ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	hn Gunther Executive Vice-President (Typed or printed name and capacity of person signing application)	·

LENDER LICENSE APPLICATION APPLICANT: HOME LOAN SPECIALISTS, INC.

LIST OF HOME LOAN SPECIALISTS OFFICERS, DIRECTORS, AND SHAREHOLDERS

JOEL HARRISON, President, Director, 65% Shareholder

Business Address: 22936 Mill Creek Drive, Suite A

Laguna Hills, CA 92653, (949) 643-1865, Fax: (949) 643-1803 Home Address: 26151 Mount Diablo, Laguna Hills, CA 92653

Number of Shares Held: 3,714 Type of Shares Held: Common Percentage of Ownership: 65 percent

JOHN P. GUNTHER, Executive Vice President

Business Address: 22936 Mill Creek Drive, Suite A

Laguna Hills, CA 92653, (949) 643-1865, Fax: (949) 643-1803 Home Address: 31142 Doral Place, Laguna Niguel, CA 92677

Number of Shares Held: N/A Type of Shares Held: N/A Percentage of Ownership: N/A

WILLIAM R. CHETNEY, Director, 35% Shareholder

Business Address: 22936 Mill Creek Drive, Suite A

Laguna Hills, CA 92653, (949) 643-1865, Fax: (949) 643-1803

Home Address: 30671 Steeplechase Drive, San Juan Capistrano, CA 92675

Number of Shares Held: 2,000 Type of Shares Held: Common Percentage of Ownership: 35 percent

BRIAN C. CARLSON, Corporate Secretary

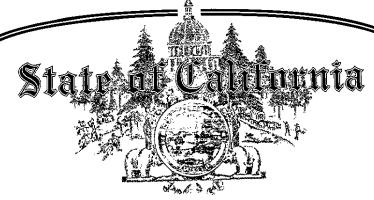
Business Address: 22936 Mill Creek Drive, Suite A

Laguna Hills, CA 92653, (949) 643-1865, Fax: (949) 643-1803

Home Address: 29 Spicewood, Aliso Viejo, CA 92656

Number of Shares Held: N/A Type of Shares Held: N/A Percentage of Ownership: N/A





SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State 7th	of California, hereby certily: July	94
That on the day of _	,1	9
HOME LOAN S	PECIALISTS, INC.	

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 19, 1999

Billyones

Secretary of State