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

Office Use Only

| CORPORATION N     | AME(S) & DOCUMENT NUMBER               | 2/\$\  |
|-------------------|--|--|
|                   | AME(S) & DOCUMENT NUMBER               | (2), the known):                               |
| 1/-1              | $\sim 10^{-1}$                         |  |
| 1. V Q (S         | ocans Ilto                             | 7  |
| · (Corpor         | ation Name) (Documer                   | 204)   |
| 2                 | ation Name) (Documer                   | <u></u>  |
| (Corpor.          | ation Name) (Documer                   | 10 #)  |
| 3.                |  |  |
| (Corpora          | ation Name) (Documer                   | ut#)   |
| 4                 |  | - 4.   |
| (Corpora          | ation Name) (Documen                   | ut#) /   |
|                   | ,                                      | _ / _ /  |
| Walk in W         | Pick up time                           | Certified Copy                                 |
| _ ' _             | \                                      | - A A  |
| Mail out —        | Will wait Photocopy                    | Certificate of Status 5                        |
| NEW FILINGS       | AMENDMENTS                             | HAA  |
|                   | 1000                                   | ] [I] <sup>2</sup>                             |
| Profit            | Amendment                              |  |
| NonProfit         | Resignation of R.A., Officer/ Director |  |
| Limited Liability | Change of Registered Agent             | SE W   |
| Domestication     | Dissolution/Withdrawal                 | [/2  |
| Other             | Merger                                 |  |
| 1 1               | Meriger                                |  |
|                   |  | 0000002939450                                  |
| OTHER FILINGS     | REGISTRATION/ QUALIFICATION            | -07/23/9901001016<br>*****78,75 *****78,7      |
| Annual Report     |  |  |
| Fictitious Name   | Foreign                                | -  |
| Name Reservation  | Limited Partnership                    | 24770  |
|                   | Reinstatement                          | 24 - 25 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ļ                 | Trademark                              | 40 14 70 Walter - 40 00                        |
| -                 | Other                                  | 25.711   |
|                   | Other                                  | Examiner's Indials                             |
|                   |  | Call   |
| 1(1/95)           |  | Examiner's Initials                            |

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

| SU                      | COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS IBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE ATE OF FLORIDA:  |
|-------------------------|--|
| 1.                      | (Name of corporation: must include the word "INCORPORATED", "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 of countrifunder the law of which it is incorporated)  3. 58211764(0 (FEI number, if applicable)  |
| 4.                      | (Date of Incorporation)  5.   Developed   (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, E.S.)   |
| 7.                      | Y276 Culumbia Rd. 55 = T   |
|                         | Augusta, SIA 30907   |
| 8.                      | (Purpose(s) of corporation authorized in home state of 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, INCOMPLIANCE SP |
| 10.                     | . Registered agent's acceptance:   |
| Ha<br>cor<br>reg<br>all | tiving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as 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 address NOT acceptable | esses of officers and/or directors: (Street address ONLY- P. O. Box             |                                       |
|--------------------------------------|---|---------------------------------------|
| A. DIRECTORS (S                      | Street address only- P. O . Box NOT acceptable)                                 |                                       |
| Chairman:                            | None  | · <u>···</u>                          |
| Address:                             |   | . Ve seene                            |
|                                      |   | T . + +++                             |
|                                      |   | -                                     |
|                                      |   |                                       |
|                                      |   | - · · ·                               |
|                                      |   | *** * * * * * * * * * * * * * * * * * |
|                                      |   | , .                                   |
| Director:                            |   |                                       |
| Address:                             |   | , <u></u>                             |
| D OFFICEDS (St.                      | reet address only- P. O. Box NOT acceptable)                                    |                                       |
|                                      | anes C. Young   | الا<br>الا                            |
| Address: 42                          | 226 Columbia Rd.  | 22                                    |
|                                      | Jugusta Go 30907  | 至日                                    |
| Vice President:                      | Rose Y. Young   | 9: 58<br>9: 58                        |
| Address:                             | 4226 Columbia Rd  | 3m                                    |
|                                      | Augusta, Ca. 30907  |                                       |
| Secretary:                           | ase y. yourg  | , —-, <u>.</u>                        |
| Address:                             | Same  | •<br>**-                              |
| Treasurer                            |   | ·                                     |
|                                      |   | <u>-</u>                              |
|                                      |   |                                       |
| NOTE: If necessar                    | y, you may attach an addendum to the application listing additional             |                                       |
| officers and/or direc                | tors.   |                                       |
| 13.                                  | Chairman, Vice Chairman, or any officer listed in number 12 of the application) | <u>-</u> .                            |
| (Signature of (                      |   |                                       |
| 14. <u>Jan</u>                       | yped or printed name and capacity of person signing application)                | <b>-</b>                              |
| ĮΪ                                   | Then or hymner worth and referred or because and the time of                    |                                       |

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91970796

CONTROL NUMBER : K416137

DATE INC/AUTH/FILED: 06/24/1994

JURISDICTION : GEORGIA

PRINT DATE : 07/16/1999

FORM NUMBER : 211

JENNIFER YOUNG
VETERANS CHOICE MORTGAGE, INC.
4226 COLUMBIA ROAD
MARTINEZ, GA 30907

### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia do

and the control of th

## VETERANS CHOICE MORTGAGE, 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 abovenamed 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.



Cathy Cox Secretary of State