## F9900000004383

To: Qualification/Tax Lien Section Division of Corporations				
SUBJECT: A.S.A.P. Mortgage Corp. (A.S.A.P. Mortgage Service (Name of corporation - must include suffix)				
Dear Sir or Madam:  800029665983 -08/23/9901081006 *****78.75 *****78.75				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Bobac Amir Mahallati (Name of Person)				
A.S.A.P. Mortgage Corporation 3				
4729 Frankford Ave.				
Philadelphia, PA., 19124				
Should you need to call someone concerning this matter, please call:				
Bohac Amic Mahallatiat (215) 744-2100 (Name of Person) (Area Code & Daytime Telephone Number) 9-4363				
STREET ADDRESS:  MAILING ADDRESS:  Availability b				
Outlibration (Tour Lion Section				

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## 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. (adopted name)
1. A.S.A.P. Mortgage Corp. A.S.A.P. Mortgage Services Corp. (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. Delaware (State or country under the law of which it is incorporated)  3. 23-297798 (FEI number, if applicable)
4. September 29, 1998 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. 4729 Frankford Que
Philadelphia, P.A. 19124 (Current mailing address)
8. Mortgage Broker Buisiness  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Ali Mahallati  Office Address: 151 S.E. 15 Road apt. 2702
Office Address: 151 S.E. 15 Road apt. 2702  Miami , Florida, 33129 (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.
Ali Walallat (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 accept	otable)
A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	Joseph Mahallati	
Address: _	47a9 Frankford Ave.	
	Philadelphia, PA., 19124	
Vice Chairn	nan:	
Director: _		
_		
Director: _		
Address:		
_		100
	ERS (Street address only - P.O. Box NOT acceptable)	F1L
	Joseph Mahallati	
Address:	4729 Frankford Ave.	——————————————————————————————————————
_	Philadelphia, PA., 19124	<u></u>
Vice Preside	nt:	
Address:		
Secretary: _		
Address:		
Treasurer: _		
Address:		
NOTE: If:	necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
3	lovale Malallat	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	oplication)
4	Joseph Mahallati, Chair man - 1 (Typed or printed name and capacity of person signing application	00% OWNER
	(1 yeed or printed name and capacity of person signing application	" Tresident

Joseph Mahallati 4729 Frankford Ave. Philadelphia, P.A., 19124

Qualification
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

To Whom it May Concern:

please send me
a certified copy of
my certificate of
status, Enclosed is
the check for the
certificate trank
you

I understand that my corporate name, "A.S.A.P. Mortgage Corporation", is not available in the state of Florida. I am adopting the following name, "A.S.A.P. Mortgage Services Corp.", for use in Florida. Thank you.

EIN # - 23-2977998

Joseph Mahallati (President / Owner)

FILED
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COMUNICATION (COMUNICATION)

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASAP MORTGAGE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID.

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS:

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID TASAP MORTGAGE CORPORATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FÜRTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE TWENTIETH DAY OF JULY, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9875250

991297967

2946490 8300

DATE:

07-20-99