Fologood 4943 TRANSMITTAL LETTER 943

TO: Registration Section Division of Corporations		
SUBJECT: Fairway Lin	ding Corporation of corporation - must include suffix	
(Name	of corporation - must include suffix	()
Dear Sir or Madam:		
The enclosed "Application by Foreign Co "Certificate of Existence", and check are s to transact business in Florida.		
Please return all correspondence concerni	(Name of Person) (Sorporation (Firm/Company) NE 875 North Tower (Address) 30303 (City/State and Zip code)	ooooaroaraa 1
	(Name of Person)	000045945491 -09/17/0101117003
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, way anong	(Firm/Company)	
735 Doubling St	NE 825 North Tower	
Coo facilité o	(Address)	
Affermal a PA	2,2,2	
Ziritari a Gri	(City/State and Zip code)	
For further information concerning this m Chryhic Shurm (Name of Person)	atter, please call:	2001 S 7ALL/
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amo	MAILING ADDRES Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ATIONS ions
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate o		\$87.50 Filing Fee,Certificate of Status &Certified Copy

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. Fairway lending Corporation

(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. <u>Georgia</u> 3. <u>Sl-2/18764</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 7/1/94 5. <u>Perpetual</u> (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 235 Peachtreest. NE 875 North Tower Atlanta GA 30303

(Principal office address)

Same as abore

(Current mailing address) 8. Lending
(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: <u>Clo CT Corporation System</u>

Office Address: <u>1200 South Pine Island Ld</u>

Plantation FL , Florida 333 24

(City) (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. DALE W. MORRIS
ASSISTANT VICE PRESIDENT

(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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Lewis M. Carter, Si Address: 235 Peachtree St 875 North Tower Atlanta GA 30363 Address: Director: Jucph V. Lalognata Address: 235 Peachtree St 875 North Tonier Atlanta 6A 30303 Director: Jw Willis Address: 235 Peachtree St 875 North Tower Atlanta GA 30303 B. OFFICERS President: Joseph P. Lalognata Address: 235 Peachtree St. 815 North Tower Atlanta 64 30303 Vice President: Jose R. Marin Address: __ 235 Peachtree St 875 North Tower Atlanta 6A 30303 Secretary: Soze F. Marin Address: 235 Peachtrice St 875 North Tower Atlanta CA 30303 Treasurer: Address: _____ NOTE: If necessary, you may attach 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)

Joseph P. Ca Cognata, President ICEO

(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 012410785

CONTROL NUMBER : K416751

DATE INC/AUTH/FILED: 07/01/1994

JURISDICTION : GEORGIA

PRINT DATE : 08/29/2001

FORM NUMBER : 211

FAIRWAY LENDING CORPORATION CHRISTIE STURM 235 PEACHTREE ST NE 875 NORTH TOWER ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FAIRWAY LENDING CORPORATION 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.



Ally Cop

Cathy Cox Secretary of State