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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

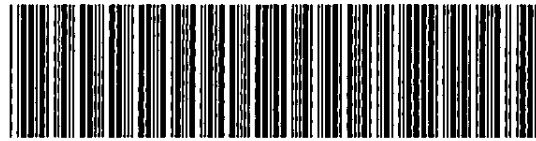
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MRS
3/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Mortgage Systems, Inc

(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Louis B. Kirkman

(Name of Person)

Advanced Mortgage Systems, Inc

(Firm/Company)

127 Library Hill Ln Suite B

(Address)

Lexington SC 29072

(City/State and Zip code)

For further information concerning this matter, please call:

Louis B. Kirkman

(Name of Person)

at (803) 518-3897

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$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. Advanced Mortgage Systems Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina

(State or country under the law of which it is incorporated)

3. 20-3649685

(FEI number, if applicable)

4. 10/18/2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Proposed start date 07/01/2007

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 127 Library Hill Ln Suite B Lexington SC 29072

(Principal office address)

127 Library Hill Ln Suite B Lexington SC 29072

(Current mailing address)

8. Mortgage Broker

(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 NOT acceptable)

Name: **NRAI Services, Inc**

Office Address: **2731 Executive Park Dr Suite 4**

Weston, Florida **33331**
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Lisa Reeves, Assistant Secretary

by: Lisa Reeves
(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: Louis B. Kirkman

Address: 127 Library Hill Ln Suite B
Lexington SC 29072

Vice Chairman: Troy S. Sheppard

Address: 127 Library Hill Ln Suite B
Lexington SC 29072

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Louis B. Kirkman

Address: 127 Library Hill Ln Suite B
Lexington SC 29072

Vice President: Troy S. Sheppard

Address: 127 Library Hill Ln Suite B
Lexington SC 29072

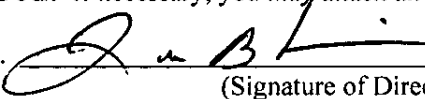
Secretary: Louis B. Kirkman

Address: 127 Library Hill Ln Suite B Lexington, SC 29072

Treasurer: Troy S. Sheppard

Address: 127 Library Hill Ln Suite B Lexington, SC 29072

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

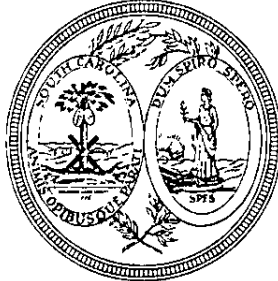
13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Louis B Kirkman CEO

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

The State of South Carolina



07 MAR 15 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ADVANCED MORTGAGE SYSTEMS, INC.,
a corporation duly organized under the laws of the State of South Carolina on October 18th, 2005, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
13th day of February, 2007.


Mark Sanford, Governor


Mark Hammond, Secretary of State