Filing and License Fee: \$310.00 minimum



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

### **BUSINESS CORPORATION**

### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

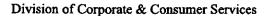
Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation isInlanta Mortgage, Inc.											
2.	It is incorporated under the laws of Wisconsin											
3.	The name, if different, which it elects to use in Rhode Island is:											
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: N/A											
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:											
	N/A											
4.	The date of its incorporation is and the period of its duration isperpetual											
5.	The address of its principal office is 611 N. Barker Road, Suite 200, Brookfield, WI 53045											
6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200  (Street Address, not P.O. Box)												
	Warwick											
	(City/Town) (Zip Code) Signature Registered Agent Solutions, Inc.											
7.	(Name of Agent)  The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  originate residential mortgage loans for 1-4 family properties to											
	consumers.											
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state of country of which it is incorporated).											
	Name Address 5304	5-										
	Director John Knowlton 611 N. Barker Rd., #200, Brookfield, W	I										
	Director Jean Badciong 611 N. Barker Rd., #200, Brookfield, W	ΙΙ										
	Director Nicholas DelTorto 611 N. Barker Rd., #200, Brookfield, W	VI.										
	Director John Watry 611 N. Barker Rd., #200, Brookfield, W	vi `										
	Form No. 150 Revised: 06/11  BY 169343 15'30											

	<u>Name</u>				Add	<u>ress</u>			534	
President	John Knowlton	61	1 N.	Bar	ker F	≀d.,	#200,	Brookf	ield,	
Vice President	Jean Badcion	61	1 N.	Bar	ker F	≀d.,	#200,	Brookf	ield,	
Treasurer	John Knowlto	61	1 N.	Bar	ker R	≀d.,	#200,	Brookf	ield,	
Secretary	Jean Badcion	g 63	1 N.	Bar	ker F	Rd.,	#200,	Brookf	ield,	
The aggregate nur	The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:									
Number of Sh	-	<u>Serie</u>	<u>s</u>				r Statemer vithout Par			
9000	Commo	<u>n</u>			\$1.0	оо р	er sha	re	_	
250,0	00								<del>-</del> -	
/. (a) Ф	, wherever located.	An estimate of the value	of all p	roperty	to be ov	vned b	y the corp	oration for th	e	
(b) \$ -0-	he following year.	on estimate of the value of	f the co	orporatio	n's prop	erty to	be located	within Rhod	e	
(c) 0 the corporation		ised as a percentage, of thate during the following year located. (divide (b) by (a)	ır bears	s to the v	value of	all prop	erty of the	corporation t	of O	
(a) \$ 19,000 during the follow	0,000 = ,	n estimate of the gross a	mount	of busin	ess to b	e trans	acted by t	he corporatio	n	
(b) \$ 200,0	(b) \$\frac{200,000}{\text{or from places of business in Rhode Island during the following year.}} = An estimate of the gross amount of business to be transacted by the corporation at									
(c) 10 transacted by thereof which the percentage	the corporation at or from p will be transacted by the co	ssed as a percentage, of aces of business in this st poration during the following	ate duri	ing the fo	ollowing	vear be	ears to the	gross amour	t	
This application is laws of which it is in	accompanied by a certificat	e of Good Standing issued	by the	proper	officer o	f the s	tate or cou	intry under the	9	
This Application for	Certificate of Authority shall	be effective upon filing unl	ess a sp	ecified o	date is pr	rovided	which sha	ll be no later		
than the 90th day a	fter the date of this filing		_•							
		Under penalty of Application for attachments, a correct.	Certific	ate of	Authority	, inclu	ding any	accompanying	1	
nte: 05/01/2	2012	Ja	n L	SAC! Authorize	du ed Officer	of the	O prporation			
							}			
					of Autho		ficer			

# United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### INLANTA MORTGAGE, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 31, 1993.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 27, 2012.

Charles have

PAUL M. HOLZEM, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

105405-9D9C1349

# Wisconsin Department of Financial Institutions Strengthening Wisconsin's Financial Future

## **Verify Certificate of Status**

Please enter authenticity code-

105405-9D9C1349



### **Certificate Information**

Organization INLANTA MORTGAGE, INC. Name:

**Purchase** 4/27/2012 2:14:43 PM **Date**:

Certificate is a domestic corporation or a

Text: domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 31, 1993.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

## Help

The authenticity code can be found at the bottom of the certificate.



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

