CT CORPORATION SYSTEM

| CORPORATION(S) NAME | N | 0 | DD | 0 | 00 | 12 | 08 |
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| Collateral Mortgage Capital, | LLC | | |
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| () Profit () Nonprofit | () Amendment | () Merger AR | |
| Foreign | () Dissolution/Withdrawal () Reinstatement | | |
| () Limited Partnership | () Annual Report () Name Registration | () Other () Change of RA | ನ |
| | () Fictitious Name | () UCC | |
| Certified Copy | () Photocopies | Ocus | |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up | * |
| Name | 6/5/01 | Order#: 450724\(\frac{45}{25}\) | ₹\$ Pho House House Fig. |
| Availability Document | | Order#: 450724# 5 A | Ande gann - Maga |
| Examiner | MM-16143 | Ref#: SATATE 3 | I } |
| Updater Verifier | 1100 | ە ھ 900004342039 | 3 |
| W.P. Verifier | | Amount: \$ -06/05/0101068- | 010 010 |

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 De Son



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 5, 2001

CT CORPORATION SYSTEM

SUBJECT: COLLATERAL MORTGAGE CAPITAL, LLC

Ref. Number: W01000012744

We have received your document for COLLATERAL MORTGAGE CAPITAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

The name on the application must be the same as it appears on the certificate of status from Delaware. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 201A00034175

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | Collateral Mortgage Capital, LLC (Name of foreign | ı limi | ited liability company) |
|---|--|--------|--|
| | | | (0.10(5170 |
| · | Delaware urisdiction under the law of which foreign limited liability ompany is organized) | ٥ | (FEI number, if applicable) |
| | January 2, 2001 | 5. | Perpetual _ |
| | January 2, 2001 (Date of Organization) | | Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| | April 1, 2001 | | |
| | (Date first transacted business in Florida. (S | ee se | ctions 608.501, 608.502, and 817.155, F.S.) |
| , | 524 Lorna Square | | |
| | Birmingham, Alabama 35216 | | |
| | (Street addre | ss of | principal office) |
| | If limited liability company is a manager-manage | d co | ompany, check here 🗓 |
| | • • | | TAS O |
| | The name and usual business addresses of the ma | anag | ing members or managers are as follows |
| | Collateral Management, LLC | = | ASS S |
| | 524 Lorna Square | | |
| | 224 Tollia aduare | - | 70 5 |
| | Birmingham, Alabama 53216 | | |
| | | | DA: |
| | Wade Parker, Vice President | | |

Wade Parker, Vice President

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of t | he Limited Liability Com | pany is: | | | | |
|---------------------|----------------------------|------------------------|---------------------|-------------------|----------------|------|
| <u>Collateral M</u> | lortgage Capital, LLO | <u>C</u> | | | - | 77 p |
| 2. The name and | the Florida street address | s of the registered ag | gent and office are | e: | | |
| | CT Corporation | System | | <u> </u> | _ | |
| | SECR | 0 = | | | | |
| | HAS | <u>.</u> | 다. 건무 건무 | | | |
| | | . 5 | | | | |
| _ | Plantation | FL | 33324 | : STATE FLORID | ™ | - |
| _ | | City/State/Zip | | | $\tilde{\sim}$ | - |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dale St. Monsis

(Signature)

DALE W. MORRIS

ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLATERAL MORTGAGE CAPITAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

01 JUN -5 PM I2: 32 SECKE IARY UF STATE FALLAHASSEE, FLORIDA



Harriet Smith Windsor, Secre

AUTHENTICATION: 1155701

010253287

3339496 8300

DATE: 05-25-01