

MO2000000991



ACCOUNT NO. : 072100000032  
REFERENCE : 514536 5142120

AUTHORIZATION : *Patricia Pujot*  
COST LIMIT : \$ 125.00

ORDER DATE : April 5, 2002

ORDER TIME : 10:14 AM

ORDER NO. : 514536-005

CUSTOMER NO: 5142120

300005289753--2

CUSTOMER: Ms. Stacey Anderson-x2401-052  
Wells Fargo Home Mortgage, Inc  
1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: REAL LIVING MORTGAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

Name Availability	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
Document	CERTIFIED COPY
Examiner	PLAIN STAMPED COPY
Updater	CERTIFICATE OF GOOD STANDING
Updater Verifier	CONTACT PERSON: Deborah Schroder -- EXT# 1118
Acknowledgement	DCC
W. P. Verifier	DCC

EXAMINER: \_\_\_\_\_

RECEIVED 02 APR 17 PM 1:24  
 FILED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 02 APR 17 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

MO2000000991

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

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

1. Real Living Mortgage, LLC  
(Name of foreign limited liability company)
2. DE 3. 04-3588591  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/8/02 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. X2401-049, 1 Home Campus, Des Moines, IA 50328

\_\_\_\_\_  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Wells Fargo Ventures, LLC, 1 Home Campus, X2401-052, 1 Home Campus, Des Moines, IA 50328

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Provide Residential Mortgages

Greg L Schwager

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Greg L. Schwager, Assistant Vice President

Typed or printed name of signee

02 APR 17 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 the Limited Liability Company is:

Real Living Mortgage, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company  
(Name)

1201 Hays Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

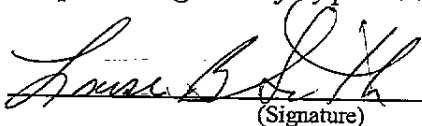
Tallahassee FL 32301  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 17 PM 1:24

FILED

*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.*

  
(Signature)

Louise B. Smith, Asst. Secretary

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

# Delaware

PAGE 1

*The First State*

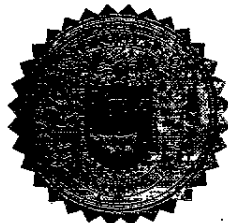
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REAL LIVING MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2002.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL LIVING MORTGAGE, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, 2002.

02 APR 17 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3477875 8300

AUTHENTICATION: 1705546

020219876

DATE: 04-05-02

MO2000000991



ACCOUNT NO. : 072100000032

REFERENCE : 514536 5142120

AUTHORIZATION : Patricia Pijet

COST LIMIT : \$ 125.00

ORDER DATE : April 5, 2002

ORDER TIME : 10:14 AM

ORDER NO. : 514536-005

CUSTOMER NO: 5142120

300005289753--2

CUSTOMER: Ms. Stacey Anderson-x2401-052  
Wells Fargo Home Mortgage, Inc  
1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: REAL LIVING MORTGAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

Name Availability	
Document Examiner	XX
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: \_\_\_\_\_

RECEIVED  
 02 APR 17 AM 11:26  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

MO2000000991

**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:*

1. Real Living Mortgage, LLC  
(Name of foreign limited liability company)
2. DE 3. 04-3588591  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/8/02 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. X2401-049, 1 Home Campus, Des Moines, IA 50328

(Street address of principal office)

8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:  
Wells Fargo Ventures, LLC, 1 Home Campus, X2401-052, 1 Home Campus, Des Moines, IA 50328  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

02 APR 17 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_  
Provide Residential Mortgages

Greg L Schwager  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Greg L. Schwager, Assistant 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 the Limited Liability Company is:

Real Living Mortgage, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company  
(Name)

1201 Hays Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

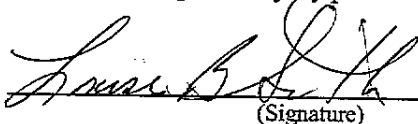
Tallahassee FL 32301  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 17 PM 1:24

FILED

*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.*

  
(Signature)

Louise B. Smith, Asst. Secretary

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

# Delaware

PAGE 1

*The First State*

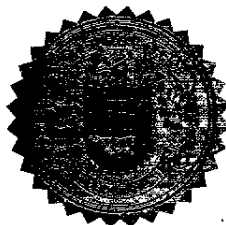
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REAL LIVING MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2002.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL LIVING MORTGAGE, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, 2002.

02 APR 17 PM 1:24  
SECRETARY OF STATE  
ALBANY, GEORGIA

FILED



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1705546

DATE: 04-05-02

3477875 8300

020219876