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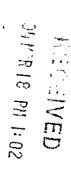
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 17, 2004

ORDER TIME : 12:14 PM

ORDER NO. : 504292-025

CUSTOMER NO: 5142120

CUSTOMER: Ms. Suzi Gruver-macx2401-06p

Wells Fargo Home Mortgage, Inc

1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: PLAYGROUND FINANCIAL SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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

	3021,000 A. A	20,000	. 0
V COMPLIANCE WITH SECTION 608.503, FLORIDA STATU	UTES THE EOU	OWING IS SURMITTED TO A	CONTER FOREIG
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T			2000年
			F. 60 1
Playground Financial Services, LLC	n limited liability	(vannany)	
(17mile of 10xet	,xx xxxxxxxx xxxxxxy	· · · · · · · · · · · · · · · · · · ·	ing z
Delaware	3. applied	i for	بر الراق ال
(Jurisdiction under the law of which foreign limited liability company is organized)	/	(FEI number, if applicable)	製造の
, , , , , , , , , , , , , , , , , , ,	_		P
. 3/15/04 (Date of Organization)	5. perpetu	1a.t : Year limited liability company	will cease to
,	•	exist or "perpetual")	
_upon_qualification			
(Date first transacted business in Florida. (S	See sections 608.	501. 608,502, and 817.155, F.S.)	
MAC X2401-049 One Home Campus			
TIME X2401-049 OHE HOME CAMPUB			
Des Moines, IA 50328-0001			
(Street addre	ess of principal of	ñce)	
WOOT 4, 140 3 1771		h	
. If limited liability company is a manager-manage	ed company, co	TECK TIETE []	
. The name and usual business addresses of the ma	anaging memb	ers or managers are as follo	ows:
A THE HIMLE BORD OF COLLEGE RECEIVED AND AND AND AND AND AND AND AND AND AN			
Wells Fargo Ventures, LLC			
MAC X2401-05W			
One Home Campus			
one nome campus			·
Des Moines, IA 50328-0001			
O. Attached is an original certificate of existence, no more than			
the jurisdiction under the law of which it is organized. (A pr		ceptable. If the certificate is in a fo	ncign language, a
translation of the certificate under eath of the translator must	:be submitted.)		
1. Nature of business or purposes to be conducted	ar aromated i	n Howider	
i. Nature of business of purposes to be conducted	or promoted in	II Florida:	
To provide residential mortgage lend	ding		
Karolyn Ba			
Signature of a member or an a	authorized rep	resentative of a member.	
(In accordance with section 608,408(3) an affirmation under the penalties of po), F.S., the execution for that the facts	n of this document constitutes	
•	= -		
Tabl Yeven miloren	Can of +h.	a Mamhar Walle 🛰 🗥	U AGULLATTICO I T

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.

the Limited Liability Comp	pany is:			
Financial Services,	LLC			
d the Florida street address	of the register	ed agent and office are:		
Corporat	ion Servic (Name)	e Company		
1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)				
Tallahassee (FL City/State/Zip)	32301		
	Financial Services, d the Florida street address Corporat 12 Florida street ad Tallahassee	Corporation Service (Name) 1201 Hays Str Florida street address (P.O. Box M	d 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	

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) Deberah D. Skipper Asst. V. Pres.

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLAYGROUND FINANCIAL SERVICES, 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 SEVENTEENTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLAYGROUND FINANCIAL SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2004.

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

Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2994875

DATE: 03-17-04

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