M04000002686

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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MY



ACCOUNT NO. : 072100000032

REFERENCE: 789115

5142120

AUTHORIZATION

COST LIMIT

ORDER DATE : July 1, 2004

ORDER TIME : 4:31 PM

ORDER NO. : 789115-020

CUSTOMER NO: 5142120

CUSTOMER: Angie Sizemore

Wells Fargo Home Mortgage

1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: PRIVATE MORTGAGE ADVISORS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

-- EXT# 2940 CONTACT PERSON:

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 8, 2004

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: PRIVATE MORTGAGE ADVISORS, LLC

Ref. Number: W04000025988

We have received your document for PRIVATE MORTGAGE ADVISORS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please have the Registered Agent sign the acceptance statement on the R.A. page.

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

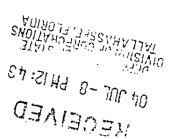
If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 304A00043738

RESUBMI

OF THE OPEN SINES



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZ TRANSACT BUSINESS IN FLORIDA

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APPLICATION	BY FOREIGN LIMITED TRANSACT				HORÍZÁTION	To To
N COMPLANCE WITH	I SECTION 608.503, FLORIDA ST.	ATUTES TH	E FOLLO	WING IS SUBMITTED	TO REGISTER A.1	TOREIGN
	MPANY TO TRANSACT BUSINESS)				3	20% 5 %
(= -1	Thuis				\	924 5
. Private Moreg	age Advisors, LLC (Name of for	eign limited	liability co	mpany)		-B
	•		•	1 2,		
Deleware // // Deleware	law of which foreign limited liabi	3		FEI number, if applie	able)	_
com	opany is organized)	ns.y	`	r Dr namou, it alijme	2010)	
March 31, 200	กร	5 ne	rpetua.	1		
(Date o	of Organization)	٠٠ - (۱ ۲	Duration: Y	car limited liability con	mpany will cease to	
				exist or "perpetual")		
. Upon Qualific	cation					_
(Date :	first transacted business in Florida	. (See section	ns 608,501	, 608.502, and 817.155	5, F.S.)	 -
One Home Camp	pus, MAC X2401-049					
Des Moines, IA		3				_ .
	(Sirect ad	dress of prin	cibai omic	2)		
. If limited liability	company is a manager-mana	aged comp	any, chec	k here		
•	. , -	•	•			
. The name and usu	ual business addresses of the	managing	member	s or managers are a	s follows:	
Malla Erron	Hamburg TTO					
Merra Lardo	Ventures, LLC					
One Home Cam	pus					
	<u> </u>					_
MAC X2401-04	9					_
Des Moines,	IA 50328-0001					_
the jurisdiction under	al certificate of existence, no more the the law of which it is organized. (A dicate under eath of the translator m	photocopy is	snotaccep			
1. Nature of busines	ess or purposes to be conducted	ed or prom	oted in 1	lorida:		_
To provide re	sidential mortgage le	endina				
	1). (人少				
-	- Kandy	<u> </u>	<u>ake</u>	<u> </u>		
	Signature of a member or a	h authoriza	ed repres	entative of a memb	er.	
	(In accordance with section 608.408 at affirmation under the penalties o	(2), Y.S., the c f perjury that	execution of the facts sta	trais document constitute ted herein are true.)	es .	
	Karolyn Baker, Assis					
				<i>I</i>		

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.

STATE OF FLORIDA.		
1. The name of the Limited Liability Con	mpany is:	
Private Mortgage Advisors, LLC	†	
2. The name and the Florida street addre	ss of the re	egistered agent and office are:
Corpor	ation Se	ervice Company
	(Name	ic)
		s Street
Florida street	address (P.O.	D. Box <u>NOT</u> ACCEPTABLE)
Tallahassec	FL.	32301
	(City/State/2	/Zip)
liability company at the place designated is registered agent and agree to act in this co	in this certij apacity. I fi te performa	further agree to comply with the provisions of all cance of my duties, and I am familiar with and
Deborah N Skipp (Signature)	101) De	Je borah D. Skipper Asst. V. Pres.
\$ 100.0	~-	g Fee for Application
\$ 25.0 \$ 30.0		gnation of Registered Agent ified Copy (optional)
5 644		male? falsuscient

\$ 5.00 Certificate of Status (optional)

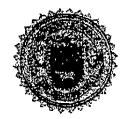
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIVATE MORTGAGE ADVISORS, 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 SECOND DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIVATE MORTGAGE ADVISORS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Hindson Harrier Snich Windson, Socretory of State

AUTHENTICATION: 3211365

DATE: 07-02-04

3642345 8300

040489827

LOCATION:2175444657

RX TIME 07/06 '04 14:31