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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bi | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Consist to structions to | Filler Officer | <u> </u> |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Safegrard Mortgage, LLC (Name of Limited Liability Company) |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| Robert De Pasquale (Name of Person) |
| Safeguard Mortgage, LLC WOY-Z964/ (Firm/Company) |
| 800 Summer St. Stc. 502 |
| Stamford, CT 06901 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Michael A. Braccio at (203) 322 - 1807 (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2004

ROBERT DEPASQUALE SAFEGUARD MORTGAGE, LLC 800 SUMMER ST. STE. 502 STAMFORD, CT 06901

SUBJECT: SAFEGUARD MORTGAGE, LLC

Ref. Number: W04000029641

We have received your document for SAFEGUARD MORTGAGE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 604A00048516

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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 FOREI |
|---|
| 1. Safequard Mortgage, LLC (Name of Foreign Limited Etablity Company) |
| |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 75-3027429 (FEI number, if applicable) |
| 4. 3-20-02 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 |
| 7. 800 Summer St. Suite 502 |
| Stamford, CT 06901 (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: |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Robert DePasquale 800 Summer St. Ste. 502 |
| Stamford, CT 06901 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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: |
| Mortgage, Broker |
| Dun / Wary |
| 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.) |
| Robert DePasquale |
| 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: | |
|--|--------------|
| Safeguard Mortgage, LLC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| MRAI Services, Inc. | |
| 526 Eark Alleniae Florida Street Address (P.O. Box NOT ACCEPTABLE) | ON AUG |
| Tallahossee FL 32301 City/State/Zip | 12 4N 10: 33 |
| | 57 |

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, Florida Statutes.

by Line Reaven, Anist Sec (Signature)

\$ 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

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFEGUARD 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 NINTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFEGUARD MORTGAGE, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2002.

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



Varuet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3284087

DATE: 08-09-04

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