# M0400003539

(Requestor's Name)
(Address)
(Address)
,
(Chilichel Fin Film and
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
MAIL WAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Heather Burnsidens
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COOPER & SHEIN, LLC dba GREAT	
(Name of Li	imited Liability Company)
The enclosed "Application by Foreign Limited I Florida," Certificate of Existence, and check are liability company to transact business in Florida.	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
HEATHER BURNS	IDE/JOSHUA SHEIN
	Name of Person)
COOPER & SHEIN, LLC DBA GREAT (	DAK LENDING PARTNERS
(1	Firm/Company)
6 RESERVOIR CIRCLE SUITE 203	
	(Address)
BALTIMORE, MARYLAND 2120	08
	State and Zip Code)
Chyn	oute and hip code;
For further information concerning this matter, p	lease call:
HEATHER BURNSIDE	at ( 443 ) 524-2321 EXT 1012
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee &	

## 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:

COOPER & SHEIN, LLC						
(Name of Fore	ign Limited Lia	bility Company)				-
BALTIMORE COUNTY , MAD	3.					
(Jurisdiction under the law of which foreign limi company is organized)	ted liability	( FEI numb	er, if applica	ble)	·	
AUGUST 17, 2001	5	PERPETUAL				
(Date of Organization)	5.	(Duration: Year limited exist or "perpetual")	liability com	pany will	cease	to
5. <u>N/A</u>					,,,,,	
(Date first transacted b (See sections 608.501 &	ousiness in Floric 2 608.502 F.S. to	da, if prior to registration, determine penalty liabili	) ty)			
6 RESERVOIR CIRCLE SUITE 203				ヹぃ	9	
BALTIMORE, MARYLAND 21208				7	AUG	 
(St	treet Address of	Principal Office)		£ \\.	26	A Charles
3. If limited liability company is a manage	er-managed co	ompany, check here			PH	
O. The name and usual business addresses	of the manag	ing members or mana	igers are as	follows	<b>4:</b> 26	
JEFFREY COOPER 6 RESERVOIR CIRC	CLE STE 203	BALTIMORE, MD 2120	8			
JOSHUA SHEIN 6 RESERVOIR CIRCLE	STE 203 BAL	TIMORE, MD 21208		<u> </u>		
MICHAEL SOFER 6 RESERVOIR CIRCL	E STE 203 BA	LTIMORE, MD 21208				
0. Attached is an original certificate of existence, not he jurisdiction under the law of which it is organized ranslation of the certificate under oath of the translator	. (A photocopy is r must be submit	s not acceptable. If the cert ted.)	ificate is in a f	oreign lan	guage,	
1. Nature of business or purposes to be co	onducted or p	romoted in Florida:	MORTGAGE	BROKE	R_	
(Infactoriance with section an affirmation under the pour of the p	n 608.408(3), F.S. enalties of perjury	orized representative, the execution of this document that the facts stated herein a	ent constitutes			•
Type	d or printed n	ame 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.

he name and the Florida street address of	the registered a	gent and office are	
National Corpor	rate Resear	ch, Ltd., Inc.	
	(Name)		
103 N.	Meridian Stre	et	
Florida street addre	Florida street address (P.O. Box NOT ACCEPTABLE)		
	FL	32301	
Tallahassee			

1. The name of the Limited Liability Company is:

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, Floria Statutes.

alli V.P.

\$ 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 MARYLAND

#### Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COOPER & SHEIN, LLC. IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 25, 2004.

Paul B. Anderson Charter Division

Pal B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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