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Special Instructions to Filing Officer:
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ACCOUNT NO. : 072100000032

REFERENCE :

095150

5142120

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: December 20, 2004

ORDER TIME: 10:25 AM

ORDER NO. : 095150-030

CUSTOMER NO: 5142120

CUSTOMER: Ms. Suzi Gruver-macx2401-06p

Wells Fargo Home Mortgage

1 Home Campus

Des Moines, IA 50328-0001

## FOREIGN FILINGS

NAME:

ADVANTAGE MORTGAGE PARTNERS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

ADVANTAGE	MORTGAGE PARTNE	RS, LLC	사는 🤌
ADVANTAGE (Name of Fore	ign Limited Liability	Company)	<del></del>
DELAWARE	3	74-3110518	932
Jurisdiction under the law of which foreign limit ompany is organized)	ted liability	74-3110518 (FEI number, if applicable)	- All
SEPTEMBER 16, 2003	5.	PERPETUAL ration: Year limited liability company will	
SEPTEMBER 16, 2003 (Date of Organization)	(Du exis	ration: Year limited liability company will tor "perpetual")	cease to
	UPON FILING		
(Date first transacted b (See sections 608.501 &	ousiness in Florida, if p 608.502 F.S. to deter	orior to registration.) mine penalty liability)	
ONE HO	ME CAMPUS, MAC	X2401-049	
DE	S MOINES, IA 50	0328-0001	
(Si	treet Address of Princi	pal Office)	
The name and usual business addresses			:
The name and usual business addresses	of the managing n		:: 
The name and usual business addresses WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAC# X2401-06T	of the managing n		:
The name and usual business addresses  WELLS FARGO VENTURES, LLC  ONE HOME CAMPUS, MAC# X2401-06T  DES MOINES, IA 50328-0001  Attached is an original certificate of existence, no invisciction under the law of which it is organized, slation of the certificate under oath of the translato	of the managing nonethan 90 days old, (A photocopy is not as rmust be submitted.)	duly authenticated by the official having cus	tody of recon
The name and usual business addresses  WELLS FARGO VENTURES, LLC  ONE HOME CAMPUS, MAC# X2401-06T  DES MOINES, IA 50328-0001  Attached is an original certificate of existence, no urisdiction under the law of which it is organized. Slation of the certificate under oath of the translato  Nature of business or purposes to be considered.	of the managing nonethan 90 days old, (A photocopy is not as rmust be submitted.)	duly authenticated by the official having cus exceptable. If the certificate is in a foreign lan	tody of recon
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KAROLYN BAKER, AUTHORIZED REPRESENTATIVE

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 Limi	ted Liability Company is:
	ADVANTAGE MORTGAGE PARTNERS, LLC
2. The name and the Flo	orida street address of the registered agent and office are:
Corpor	ation Service Company
	(Name)
1201 H	ays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallaha	ssee FL 32301
	City/State/Zip

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.

Corporation Service Company

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)