

M0500000428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

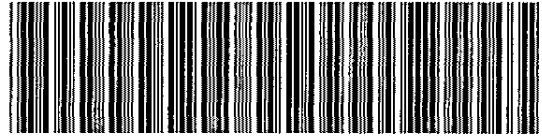
(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**FLORIDA COMPLIANCE SPECIALISTS, INC.**



DAVE TAYLOR, PRESIDENT

2331 Hanson Place  
Tallahassee, Florida 32301  
Voice: (850) 942-5464 Fax: (850) 942-5111  
www.floridacompliance.com

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Advisors Lending Source LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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- Walk in    
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  Certified Copy  
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 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ADVISORS LENDING SOURCE, LLC  
(Name of foreign limited liability company)
2. LAW OF LOUISIANA RS 12:1315 3. 20-2054014  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/22/04 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 600 N. HIGHWAY 190  
COVINGTON, LA 70433  
(Street address of principal office)

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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:

<u>Margaret DuBois</u>	<u>CHRISTOPHER MOULEDOUS</u>
<u>117 Beverly Parkway</u>	<u>600 N. HWY 190 STE 7A</u>
<u>Pensacola, FL 32503</u>	<u>COVINGTON, LA 70433</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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

Christopher Mouldous  
 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.)  
CHRISTOPHER MOULEDOUS  
 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:

ADVISORS LENDING SOURCE, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

ROBERT KIMBALL  
(Name)

117 BEVERLY PARKWAY  
Florida street address (P.O. Box NOT ACCEPTABLE)

PENSACOLA FL 32503  
(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, F.S.*

  
(Signature)

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

\$ 125.00 Dept. of State

UNITED STATES OF AMERICA  
State of Louisiana

**Jox McKeithen**

**SECRETARY OF STATE**

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Organization of

**ADVISORS LENDING SOURCE, L.L.C.**

Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization  
was issued on December 22, 2004,

I further certify that no Certificate of Dissolution has  
been issued.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,  
January 21, 2005*

*Jox McKeithen*

RRO 35841384K

*Secretary of State*

