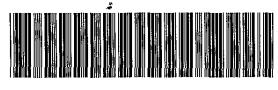
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•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dacument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300064720283

01/31/06--01026--021 **125.00



COVER LETTER

Registration Section Division of Corporations

TO:

	(Name of	Limited Liability Company)	
Florida," Ce		I Liability Company for Authorization to Transa re submitted to register the above referenced for la	
Please return	all correspondence concerning the	is matter to the following:	
	Kimberly A. Plese		
		(Name of Person)	
	Team Mortgage, LLC		200 200
		(Firm/Company)	- 36 F.E.
	572 Vinings Estates	Drive	OUVISION OF CERTOKATICA 2006 FEB 5 PM 2: 00
		(Address)	PA William
	Mableton, Ga 3012	6	PH 2: 00
	(Cit	y/State and Zip Code)	
For further in	nformation concerning this matter	, please call:	
Kim	berly Plese	at (_404) 786-3192	
•	(Name of Person)	(Area Code & Daytime Telephone Nur	mber)
Divis P.O.	LING ADDRESS: sion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	check for the following amount: 5.00 Filing Fee		e, Certificate & Certified Copy

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:

1. Team Mortgage, LLC (Name of Foreign Limited Liability Company)	
Georgia Dept. of Banking and Finance 3. 43-2051574 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized)	
4. 07/2004 (Date of Organization) 5. perpetual (Duration: Year limited liability company will ce exist or "perpetual")	ase to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	,,
7. 572 Vinings Estates Drive	
Mableton, GA 30126	2006
(Street Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here	5
). The name and usual business addresses of the managing members or managers are as follows:	PH 2:
Kimberly A. Plese	2
578 Yinings Estates Drive	
Mableton, GA 30136	
O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custode jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languantslation of the certificate under oath of the translation must be submitted.)	ly of recor age, a
1. Nature of business or purposes to be conducted or promoted in Florida: Mortgage Broker	
- Plus	
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.)	
Kimberly A. Piese	
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:

Team Mortgage, LLC		
2. The name and the Florida street address of the registered agent and office	A §	
Laura Gielow	B 15 PM 2	
(Name)		
704 Flamingo Drive	19 4	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Apollo Beach, FL 33572 FT		

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.

hawa Yulow (Signature)

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



Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0431710
DATE INC/AUTH/FILED: 05/19/2004
JURISDICTION : GEORGIA
PRINT DATE : 02/15/2006
FORM NUMBER : 211

TEAM MORTGAGE, LLC KIMBERLY PLESE 572 VININGS ESTATES DRIVE MABLETON, GA 30126

CERTIFICATE OF EXISTENCE

OIVISION OF CONTINEASTRY

2006 FEB 15 PM 2: On

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

TEAM MORTGAGE, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20060215175807844



Cathy Cox Secretary of State