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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

### ORIDA/FOREIGN LIMITED LIABILITY CO.

#### FIRST ALLIANCE HOME MORTGAGE, LLC

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. FIRST ALLIAN	CE HOME MORTGAGE, LI	LC ·	
	(Name of Foreign Limited	d Liability Company)	
2. NEW JERSEY		3. <u>20-1792214</u>	<del>-    </del>
(Jurisdiction under the company is organized)	law of which foreign limited liability	( PEI number, if applicable)	
4. 10/19/2004		5. PERPETUAL	
	f Organization)	(Duration; Year limited liability company will coase to exist or "perpetual")	-
6. UPON FILING	OF THIS DOCUMENT (Date first transacted business in F	Olacida (Faujay ta apprintentiam)	<del>-</del>
	(See sections 608.501 & 608.502 F.	S, to determine penalty liability)	
7. ONE WOODE	RIDGE CENTER DRIVE	, STE 225	_
WOODBRIDG	E, NJ 07095		_
	(Street Addres	ss of Principal Office)	
8. If limited liability	company is a manager-manage	ed company, check here	
9. The name and usu	al business addresses of the ma	anaging members or managers are as follows:	100
	•	BRIDGE CENTER DRIVE, STE 225MWOODBRIDGE,	C.3 ~~~
SAM KHALIL, MA	MAGING MEMBER, ONE WOOD	BRIDGE GENTER PROTEIN OFF	<b>10</b>
			₹
			<u> </u>
10, Attached is an original	certificate of existence, no more than 90	O days old, duly suthernicated by the official having custody of re-	ni etago:
he jurisdiction under the l	aw of which it is organized. (A photoco	opy is not acceptable. If the certificate is in a fixetign language, a	
	e under onth of the translator must be su		0
11. Nature of busine	ss or purposes to be conducted	or promoted in Florida: MORTGAGE LENDING	<u> </u>
	<u></u>		٠.
	S		
	(Is november or with section 60%,40%(2), F.	Borgod representative of a member. I, the executive of this decrement equations	
	an affirmation under the population of picture SAM KHALIL	ary that the thomatated herein are 1916.)	
	Typed or printed	name of signer	

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## 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:

#### FIRST ALLIANCE HOME MORTGAGE, LLC

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

## BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name)

#### 4435 OLD WINTER GARDEN ROAD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

ORLANDO	FL 32811	
	City/State/Ziti	

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 abligations of my position as registered agent as provided for the Chapter 608, Florida Statutes.

JOSE MONICA ASST. SECY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

# FIRST ALLIANCE HOME MORTGAGE, LLC 0600216392

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 19, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Sam Khalil 16 Eileen Way Edison, NJ 08837



Michelles

Acting State Treasurer

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 29th day of October, 2007

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/ISP/Verify\_Cert.jsp