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## COVER LETTER

SUBJECT:	MONTEAGE	SEAUCES ///, L.L.C. Limited Liability Company)	
	(Name of	Limited Liability Company)	
Florida," Certificate o		d Liability Company for Authorization are submitted to register the above refida	
Please return all corre	spondence concerning t	his matter to the following:	
	MAK	(Name of Person)	
	•	(Name of Person)	
	MONTGH6F	SEAUICES III L.L.C.	2009 JAN -9 SECRESULES TALLAHASS
<del></del>	i.	(Firm/Company)	
	502	SAUICES III L.L.C.  (Firm/Company)  (Address)	PH 3: 5
<del>* -                                   </del>		(Address)	51
	Boon	ING TON, IL 6/704 ty/State and Zip Code)	
	(Ci	ty/State and Zip Code)	
For further information	n concerning this matter	r, please call:	
ULAR	K Yourib	at ( <u>309</u> ) <u>664-9</u> (Area Code & Daytime Tel	028
	(Name of Person)	(Area Code & Daytime Tel	ephone Number)
MAILING AI	DDRESS:	STREET ADDRESS:	
Division of Co	-	Division of Corporations	•
P.O. Box 6327		Clifton Building	
Tallahassee, FI	_ 34514 	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check fo	r the following amount: Fee \$\sum_\$130.00 Filing F		0.00 Filing Fee, Certificate

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

	PLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE. DLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	G/
1	NATGAGE SEAUCES /// L.L.C.  Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(1)	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
consent o	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the write of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability y," "L.L.C.," "LLC.")	ten
	<b>}</b>	
(Juriso	Ittion under the law of which foreign limited liability (FEI number, if applicable)	
	(Date of Organization)  5.   AltTUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
,	exist or "perpetual")	
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
	502 D. HERSHEY	Parks
	Street Address of Principal Office)	7
	(Street Address of Principal Office)	Tale of the
8. If lit	mited 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:	
	MARK YOUNG	
*******	MARK Yours 15 15 15 15 15 15 15 15 15 15 15 15 15	
	BLOOMING TON IL 61704	
10. Attac	thed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	in
	iction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nof the certificate under oath of the translator must be submitted.)	
	ture of business or purposes to be conducted or promoted in Florida:	
II. INA	• • •	
	PUNCHASE RESIDENTIAL MONTER SE LOONS	
	Signature of a member or an aythorized representative of a member.	
	(In accordance with section 608.408(3), 5.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	MARK Yours	
	Typed or printed name of signee	

1 1

### 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:		
MONTGAGE SEAUCES III; LLC.		-
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:  The Court Sequicity, The court warth	2009 JAN -9 F	Examentes Examentes manufactor A
Florida Street Address (P.O. Box NOT ACCEPTABLE)  AOXAHAT CHEE: FL 33470  City/State/Zip	PH 3: 51	
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.

Janise Jull on behalf of Incorp Services, Inc.

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

\$ 5.00 Certificate of Status (optional)

File Number

0158728-5



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MORTGAGE SERVICES III, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 04, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0834300530

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of

DECEMBER

A.D.

2008

Desse White

SECRETARY OF STATE