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(Requestor's Name)

(Address)

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PICK-UP  WAIT  MAIL

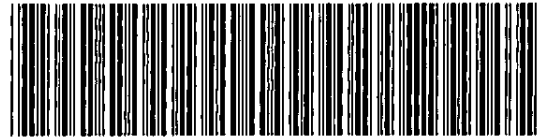
(Business Entity Name)

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EXAMINER

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- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
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- FILING LLC \_\_\_\_\_

1. Settlement Prep, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
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5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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12 FEB 30 AM 11:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 27, 2012

CORPORATE ACCESS, INC.

*Resubmitting  
3/1/12*

SUBJECT: SETTLEMENT PREP, LLC  
Ref. Number: W12000011068

We have received your document for SETTLEMENT PREP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name of the managing member,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 012A00007915

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2012 MAR - 1 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Settlement Prep, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Washington (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. March 7, 2011 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 805 Kirkland Ave, Suite 100, Kirkland, WA 98033 (Street Address of Principal Office)

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: Debra Greenlaw 805 Kirkland Ave, Suite 100 Kirkland, WA 98033

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

Debra Greenlaw 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Debra Greenlaw, Member

Typed or printed name of signee

FILED 2012 MAR -1 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**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:

Settlement Prep, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

NRAI Services, Inc.

(Name)

515 East Park Avenue

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

Tallahassee

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.*

NRAI Services, Inc.

By: Kathleen C. Gariepy

(Signature)

Kathleen C. Gariepy Asst. Sec.

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

**FILED**  
2012 MAR - 1 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

# The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION  
OF  
SETTLEMENT PREP, LLC**

I **FURTHER CERTIFY** that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/7/2011.

I **FURTHER CERTIFY** that as of the date of this certificate, **SETTLEMENT PREP, LLC** remains active and has complied with the filing requirements of this office.

Date: February 15, 2012

UBI: 603-087-059



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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