# MO200000/487

|   | ALON ON 1.2 -                            |
|---|--|
| ACCOUNT NO. : 07210000032   | - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| REFERENCE : 616074 514212   |  |
| AUTHORIZATION : Paris   | <b>k</b>                                 |
| COST LIMIT : \$ 125.00  |  |
| ORDER DATE: June 10, 2002   | <b></b>                                  |
| ORDER TIME : 9:23 AM  | ·  |
| ORDER NO. : 616074-005  |  |
| CUSTOMER NO: 5142120  | ्र <u>-</u>                              |
| CUSTOMER: Ms. Lisa Bartlett  Wells Fargo Home Mortgage, Inc 1 Home Campus | )057533415 <u> </u>                      |
| Des Moines, IA 50328-0001   |  |
| FOREIGN FILINGS   |  |
| NAME: WELLS FARGO VENTURES, LLC   | <del>.</del>                             |
| XXXX QUALIFICATION (TYPE: <u>LL</u> )                                     | 20 P                                     |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                           |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING       | ENT OF SIA                               |
| CONTACT PERSON: Susie Knight EXT# 1156                                    |  |
| EVANTATED.  | <del>-</del>                             |

### 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 FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Wells Fargo Ventures, LLC (Name of foreign limited liability company) 2 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 12/22/97 perpetual (Date of Organization) (Duration: Year limited liability company will ceas exist or "perpetual") 6. upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. MAC X2401-049, 1 Home Campus Des Moines, IA 50328-0001 (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: Wells Fargo Home Mortgage, Inc., single member MAC X2401-049, 1 Home Campus Des Moines, IA 50328-0001 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: shell company to be 50% of other companies qualifying to do business in Florida Signature of a member of 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.)

Typed or printed name of signee

Greg L. Schwager

## 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:

| Wells Fargo Ver  | ntures, LLC  |   |   |  |
|--|--|---|---|--|
| 2. The name and  | d the Florida street address   | of the registere  | ed agent and office are:  | SAMPS CO   |
|  | Corpor   | ation Service   | Company   | 1. 100 1.  |
|  |  | (Name)  |   |  |
|  | ,  | .201 Hays Stre  | o <del>t</del>  | 98   |
|  |  | dress (P.O. Box N                                       |   | •  |
|  |  |   | ,   |  |
|  | Tallahassee  | FL  | 32301   |  |
|  | (  | City/State/Zip)   |   |  |
| liability company<br>registered agent<br>statutes relating | ned as registered agent and<br>at the place designated in<br>and agree to act in this cap<br>to the proper and complete<br>tions of my position as reg | this certificate,<br>acity. I further<br>performance oj | I hereby accept the appoi<br>agree to comply with the<br>f my duties, and I am fami | intment as<br>provisions of all<br>liar with and |
| _Debora  | h (O Skipper) (Signature)  |   |   | -  |

Deborah D. Skipper Asst. V. Pres.

Filing Fee for Application

**Certified Copy (optional)** 

**Designation of Registered Agent** 

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

# Delaware

PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLS FARGO VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLS FARGO VENTURES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 1997.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1822048

2836654 8300

020372033

DATE: 06-10-02