M06000001273

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

Office Use Only



400066797044

03/01/06--01020--012 **130.00

O6 MAR - 1 AM II: 06



acsimile: 770-248-2883 60 Technology Parkway South, Suite 202

February 28, 2006

VIA OVERNIGHT DELIVERY FEDERAL EXPRESS TRACKING # 7920 2911 7512

Florida Division of Corporations - Registration Section 409 E. Gaines Street Tallahassee, Florida 32399

> RE: Acentra Financial, LLC

To Whom It May Concern:

Enclosed please find the completed and executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, submitted on behalf of Acentra Financial, LLC. Additionally, please find:

- Filing Fee: \$130.00, and
- Original Certificate of Existence (Good Standing).

Our office is assisting Acentra Financial, LLC with its licensing endeavors in Florida. Therefore, please communicate your decision to our office.

If I may be of assistance to your office in reference to this matter, please do not hesitate to contact me by telephone at (877) 715-8392, extension 227, or by email at mclark@franzen-salzano.com. Thank you for your assistance and courtesy.

Very truly yours,

Marilyn J. Clark Legal Assistant

/MJC Enclosures

H. Khimani (w/enclos.) cc:

M:\Acentra Financial\Qualifications\Florida\SOS 02-28-06 (COA App Filing).doc

TRANSMITTAL LETTER

10:	Division of Corporations							
SUBJ	JECT: Acentra Financial, LLC							
	(Name of Limited Liability Company)							
Floric	enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in da," Certificate of Existence, and check are submitted to register the above referenced foreign limited ity company to transact business in Florida							
Pleas	e return all correspondence concerning this matter to the following:							
	Marilyn J. Clark, Legal Assistant							
	(Name of Person)							
	Franzén & Salzano, P.C.							
	(Firm/Company)							
	40 Technology Parkway South, Suite 202							
	(Address)							
	Norcross, Georgia 30092 (Gwinnett County)							
	(City/State and Zip Code)							
For fi	urther information concerning this matter, please call:							
	Marilyn J. Clark, Legal Assistant at (877 715-8392, Ext. 227							
	(Name of Person) (Area Code & Daytime Telephone Number)							
	STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section							
	Division of Corporations Division of Corporations							
	409 E. Gaines Street P.O. Box 6327							
	Tallahassee, Florida 32399 Tallahassee, Florida 32314							
Enclo	osed is a check for the following amount:							
	☐ \$125.00 Filing Fee							

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:

•	Nome of For	Acentra Financial, I		
	(Name of For	reign Limited Liability Co	ompany)	
	Georgia	3.	81-06556 (FEI number, if app	57
(Jurisdiction under the company is organized)	Georgia law of which foreign lin	nited liability	(FEI number, if app	olicable)
(09/17/2004	5.	Perpetua	ıl
(Date o	f Organization)	(Dura exist	Perpetua ution: Year limited liability of or "perpetual")	company will cease to
		Upon qualification	on	SE SE
	(Date first transacted (See sections 608.501	business in Florida, if pr & 608.502 F.S. to determ	ior to registration.) nine penalty liability)	AHA T
	1838	Old Norcross Road,	Suite 200	SSI - F
		Lawrenceville, GA 3	KNN44	AM II
		Street Address of Princip		II: 06
Husein S. Khima			embers or managers are 200, Lawrenceville, G	
jurisdiction under the l		d. (A photocopy is not acc	tuly authenticated by the offic ceptable. If the certificate is in	
. Nature of busine	ss or purposes to be	conducted or promot	ed in Florida:	
	R	esidential mortgage l	oroker	
	Signature of a met	ther or an authorized	representative of a me	ember.
	(In accordance with secti	ion 608.408(3), F.S., the exe	ecution of this document constitute facts stated herein are true.)	
		Husein S. Khin	nani	
	Typ	ped or printed name o	f 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:		
Acentra Financial, LLC		_
2. The name and the Florida street address of the registered agent and office are:	OS MAR SECILLAP	
C T Corporation System	HAS R-	
(Name)	SEE 3	: הינה
1200 South Pine Island Road	FLOR	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AGE A	ズ
Plantation FL 33324 (Broward County)		
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.

RACHEL T. HAYES
ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0456274 DATE INC/AUTH/FILED: 09/17/2004 JURISDICTION : GEORGIA PRINT DATE : 02/28/2006 FORM NUMBER

: 211

FRANZEN AND SALZANO, P.C. MARILYN J. CLARK 40 TECHNOLOGY PKWY, SUITE 202 NORCROSS, GA 30092

CERTIFICATE OF EXISTENCE

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

ACENTRA FINANCIAL, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provision: 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 of the above date and has not filed articles o 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 o intent to dissolve an application for withdrawal, a statement of commencemen of winding up or any other similar document has been filed or is pending wit the Secretary of State.

electronically transmitted, This information is issued and certified accordance with the Georgia Electronic Records and Signatures Act and Title 1 of the Official Code of Georgia Annotated and is prima-facie evidence that sai entity is in existence or is authorized to transact business in this state.

20060228193703212



Cathy Cox Secretary of State