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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE HOME MORTGAGE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CARMEN DIAZ TOJEIRO

(Name of Person)

UNIVERSAL AMERICAN MORTGAGE COMPANY

(Firm/Company)

730 NW 107TH AVENUE, 4TH FLOOR,

(Address)

MIAMI, FL 33172

(City/State and Zip code)

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*****78.75 *****78.75

For further information concerning this matter, please call:

CARMEN DIAZ TOJEIRO

(Name of Person)

at (305) 229-6500, X 7253

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
- 9/18

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. EAGLE HOME MORTGAGE, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WASHINGTON

(State or country under the law of which it is incorporated)

3. 91-1319527

(FEI number, if applicable)

4. 9-4-84
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11000 NE 33RD PLACE, SUITE 300, BELLEVUE, WA 98004

(Principal office address)

730 NW 107TH AVENUE, 4TH FLOOR, MIAMI, FL 33172

(Current mailing address)

8. MORTGAGE LENDER

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: DAVID McCAIN

Office Address: 700 NW 107TH AVENUE, 4TH FLOOR

MIAMI,

(City)

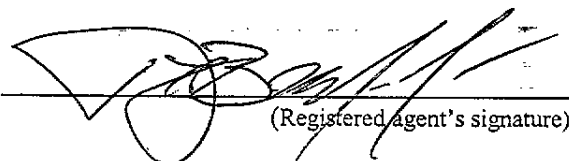
, Florida 33172

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

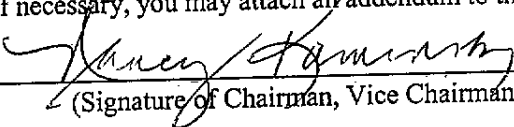
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NANCY A KAMINSKY/EXECUTIVE VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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EAGLE HOME MORTGAGE, INC.
Directors/Officers

DIRECTORS

<u>Name</u>		<u>Address</u>
Allan J. Pekor	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Nancy A. Kaminsky	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Linda L. Reed	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Gary E. Carlson	0%*	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004
Susan E. Carlson	0%*	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Gary E. Carlson	President	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004 (425) 602-6068
Susan E. Carlson	Executive Vice President/ Secretary	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004 (425) 602-6068
Robert S. Greaton	Vice President/CFO	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004 (425) 602-6068
Nancy A. Kaminsky	Executive Vice President	730 NW 107 th Avenue, 4 th Floor Miami, FL 33172 (305) 229-6501

* Lennar Financial Services Inc., 100% Parent Company

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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

EAGLE HOME MORTGAGE, INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on September 4, 1984.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.

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TALLAHASSEE, FLORIDA



Date: August 27, 2001

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


SM
Sam Reed, Secretary of State