

F070000001308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

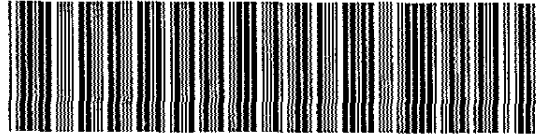
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300089231503

03/08/07--01012--013 **70.00

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MAR 8 2007
TALLAHASSEE, FLORIDA

07 MAR - 8 AM 11:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR - 8 AM 11:29

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T. Hampton MAR - 9 2007



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

March 8, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6867674 SO
Customer Reference 1: None
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:-

Nationwide Financial Systems Corporation (CA)
Qualification
Florida

~~Nationwide Financial Systems Corporation (CA)
Assumed Name Filing - Nationwide Home loans
Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A. Mitchell
Ashley A. Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

FILE
FIRST

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. Nationwide Financial Systems Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 20-2853646
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-20-05 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5862 Woodglen Drive, Agoura Hills, CA 91301
(Principal office address)
5862 Woodglen Drive, Agoura Hills, CA 91301
(Current mailing address)

8. Mortgage lending and/or brokering
(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 NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System
By: Claudia L. Saari
(Claudia L. Saari)
(Registered agent's signature)
Claudia L. Saari
Asst. Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joshua J. Markham

Address: 5862 Woodglen Drive

Agoura Hills, CA 91301

Director: _____

Address: _____

B. OFFICERS

President: Joshua J. Markham

Address: 5862 Woodglen Drive

Agoura Hills, CA 91301

Vice President: _____

Address: _____

Secretary: Joshua J. Markham

Address: 5862 Woodglen Drive, Agoura Hills, CA 91301

Treasurer: Joshua J. Markham

Address: 5862 Woodglen Drive, Agoura Hills, CA 91301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Joshua J. Markham, President

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **20th day of April, 2005**, **NATIONWIDE FINANCIAL SYSTEMS CORPORATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
March 2, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

March 8, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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07 MAR - 8 AM 11:31
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6867674 SO
Customer Reference 1: None
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

[Handwritten Signature]
Nationwide Financial Systems Corporation (CA)
Qualification
Florida

Nationwide Financial Systems Corporation (CA)
Assumed Name - Filing - Nationwide Homeloans
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

FILE 1
SECOND

Sincerely,


Ashley A. Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

2007 MAR -8 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007067900010
03/08/07--01012--014 **50.00

This space for office use only

Section 1

1. Nationwide Home Loans
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

5862 Woodglen Drive
Mailing Address of Business

Agoura Hills CA 91301
City State Zip Code

3. Florida County of principal place of business: Multiple
Multiple
(see instructions if more than one county)

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Nationwide Financial Systems Corporation
Entity Name
5862 Woodglen Drive
Address
Agoura Hills CA 91301
City State Zip Code
Florida Registration Number FD7000001308
FEI Number: 20-2853646
 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Nationwide Financial Systems Corporation

By: [Signature] 02/22/07
Signature of Owner Date

Phone Number: (310) 735-7373

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50