JAMES A. CURRAN JOSEPH J. COLLOPY TERESA MAGEE

IRA S. PIMM, JR.
CONSULTANT

# Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110
3331 STREET ROAD, BENSALEM, PA 19020
TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: corpguarto@aol.com

September 13, 2002

500007894095---9 -09/20/02--01045--009 \*\*\*\*130.00 \*\*\*\*130.00

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: EMAX FINANCIAL GROUP, LLC

To Whom It May Concern:

Enclosed is duplicate Application for Registration of the above limited liability company for filing with your office, together with Certificate of Standing and our \$130.00 check to cover filing fee.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,

Jøseph J. Collopy Vice President

JJC/J Enclosures

BK

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. EMAX FINANCIAL GROUP, LLC  (Name of foreign limited liability company)  2. US VIRGIN ISLANDS (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	N				
(Name of foreign limited liability company)					
S HO WINDOW FOR AND					
2. US VIRGIN ISLANDS 3.					
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)					
4. APRIL 30, 2002  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to					
(Duration: Year limited liability company will cease to exist or "perpetual")					
6 IIDON OYIAI TETCATTON					
6. UPON QUALIFICATION  (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)					
7 36A-37 DRONNINGENS GADE, 2ND FL					
/	F1*				
CHARLOTTE AMALIE, US VIRGIN ISLANDS					
(Street address of principal office)	7				
9 If limited liability.					
8. If limited liability company is a manager-managed company, check here X					
9. The name and usual business addresses of the managing members or managers are as follows:					
MITCHELL L HEFFERNAN 95 COVE ROAD, LYME CT 06371	٠.				
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	ì				
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 huginess or numerous to be conducted or necessited in Elevide, Photony and a grant or numerous to					
11. Nature of business or purposes to be conducted or promoted in Florida: <u>DESIGNATED SERVICE BUSINESS</u> SERVING CLIENTS OUTSIDE THE US VIRGIN ISLANDS PROVIDING ACQUISITIONS OF MORTGAGE AN	3 -				
HOME EQUITY LOANS FOR SALE IN THE SECONDARY MARKETS	ענו				
	7				
Signature of a member of an authorized representative of a member.					
(In accordance with section 668.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
MITCHELL L HEFFERNAN - MANAGER					

Typed or printed name of 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.

		ALI SEC	$\approx$	
1.	The name of the Limited Liability Company is:	XIIX	SEP	1
	EMAX FINANCIAL GROUP, LLC	385 E	20	<u> </u>
2.	The name and the Florida street address of the registered agent and office are:	UF STATE	- 31 MA	
	EDWIN F BLANTON	سد	Ţ-	
	(Name)			-
	825 THOMASVILLE ROAD			
	Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)			
	TALLAHASSEE FT. 32303		-	-
(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, F.S.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

#### **GOVERNMENT OF** THE VIRGIN ISLANDS OF THE UNITED STATES

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

## OFFICE OF THE LIEUTENANT GOVER CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, GERARD LUZ JAMES II, Lieutenant Governor of the Virgin Islands, do hereby certify:

That EMAX FINANCIAL GROUP, LLC filed Articles of Organization with the Office of the Lieutenant Governor on April 23, 2002 and the Company is duly organized under the laws of the United States Virgin Islands;

That the duration of this Limited Liability Company is perpetual;

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.



In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 23rd day of Augus#

Lieutenant Governor of the Nirgin Islands

