

L04000076321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

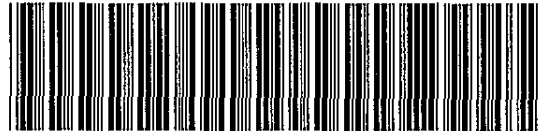
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



000039608040

RECEIVED
04 OCT 21 AM 10:56
DIVISION OF REGISTRATION

FILED
04 OCT 21 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 936381 7115944

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 125.00

FILED
04 OCT 21 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 20, 2004

ORDER TIME : 9:57 AM

ORDER NO. : 936381-005

CUSTOMER NO: 7115944

CUSTOMER: Ms. Kelly Keeley
Law Offices Of Michael Stoller
5747 Hoback Glen Road

Hidden Hills, CA 91302

FOREIGN FILINGS

NAME: MORTGAGE ASSISTANCE SOLUTIONS,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

FILED
04 OCT 21 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. MORTGAGE ASSISTANCE SOLUTIONS, LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. AUGUST 6, 2004
(Date of Organization)

5. 2054
(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. _____
800 N.E. 195TH STREET, #302, N. MIAMI BEACH, FLORIDA 33179
(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:

MICHAEL STOLLER, 9454 WILSHIRE BOULEVARD, SUITE 500, BEVERLY HILLS, CA 90212

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: MORTGAGE MEDIATION
SERVICES


Signature of a member or 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.)
MICHAEL T. STOLLER

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.

1. The name of the Limited Liability Company is:

MORTGAGE ASSISTANCE SOLUTIONS, LLC

2. The name and the Florida street address of the registered agent and office are:

HAROLD STOLLER

(Name)

800 N.E. 195TH STREET, #302

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

N. MIAMI BEACH

FL 33179

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.

By Harold Stoller

(Signature)

HAROLD STOLLER

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

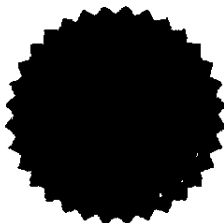
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORTGAGE ASSISTANCE SOLUTIONS, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORTGAGE ASSISTANCE SOLUTIONS, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3839633 8300

AUTHENTICATION: 3424050

040759005

DATE: 10-21-04