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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
\ \O_J	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	-	TLC
	Office Use Only	met



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COVER LETTER

_	sistration Section ision of Corporations	
SUBJECT	: WOW Financial, LL0	
	(1	Name of Limited Liability Company)
Florida," C	ed "Application by Foreigr ertificate of Existence, and mpany to transact business	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida
Please retur	rn all correspondence conc	erning this matter to the following:
	Cathy Cadwwll	
		(Name of Person)
	Allied Mortgage G	Group, Inc.
		(Firm/Company)
	7 Bala Avenue,	Suite 108
		(Address)
	Bala Cynwyd, F	PA 19004
		(City/State and Zip Code)
For further	information concerning thi	s matter, please call:
<u>Ca</u>	thy Cadwell	at (610) 660-4785
	(Name of Perso	n) (Area Code & Daytime Telephone Number)
Divi P.O.	ILING ADDRESS: ision of Corporations Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following a 25.00 Filing Fee □\$130.00	amount: Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Cop

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.	WOW Financial, LLC	
	(Name of Foreign Limited Liability Company)	
2.	Delaware (Jurisdiction under the law of which foreign limited liability) 3. 20-3600203 (FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	8/31/05 _{5.} Perpetual	
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
_	Will begin to transact business upon receipt of registration and proper license	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.		
	101 E. 8th Street, Suite 200; Conshohocken, PA 19428	
	(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:	
	Please see attached list of managing members and business addresses	
10). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	mle in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	ICA) III
tra	nslation of the certificate under oath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	Residential Mortgage Lending	
	Residential Mortgage Lending	
	Juny a fores	
	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.)	i j
	Gary A. Jonas, Jr.	
	Typed or printed name of signee	
	RIDA	
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WOW Financial, LLC Ownership

Name	% Ownership of WOW financial, LLC
Allied Ventuires, LLC	48.5%
Habitat Financial LLC	46.5%
Riley Managetment Group	5%
Total	100%

	% Ownership of	% Ownership of	% Ownership of	% Ownership of
	WOW financial,	Habitat Financial,	Allied Ventures,	Riley Management
Name	LLC	LLC	LLC	Group
Gary A. Jonas, Jr.	11.625%	25%	0%	
Gary Risler	11.625%	25%	0%	1
Andrew Blum	11.625%	25%	0%	
William McLaughlin	11.625%	25%	0%	0%
Shantanu Roy Chowdhury	48.5%	0%	100%	0%
Robert Wexler	5.0%	0%	0%	10070
Total	100%	100%	100%	100%

Usual Business Addresses of Owners:

Shantanu Roy Chowdhury 7 Bala Avenue, Suite 108 Bala Cynwyd, PA 19004 Robert Wexler 7 Bala Avenue, Suite 108 Bala Cynwyd, PA 19004

Gary A. Jonas, Jr. 101 E. 8th Street, Suite 200 Conshohocken, PA 19428 Gary Risler 101 E. 8th Street, Suite 200 Conshohocken, PA 19428

William McLaughlin 101 E. 8th Street, Suite 200 Conshohocken, PA 19428 Andrew Blum 101 E. 8th Street, Suite 200 Conshohocken, PA 19428

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: WOW Financial, LLC	
2. The name and the Florida street address of the registered agent and office are:	
NRAI Services, Inc.	
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Weston FL 33331 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: Lisà Raugo, Assist Sec.
(Signature) 1920/05

\$ 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 "WOW FINANCIAL, 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-SIXTH DAY OF OCTOBER, A.D. 2005.

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4252551

DATE: 10-26-05