

Document Number Only

MOOOOOOOO 2229

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

500003442285--2
-10/27/00--01047--018
***125.00 ***125.00

CORPORATION(S) NAME

Alliance Lending LLC

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of Name

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

00 OCT 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

10/27

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED
THANKS

CONNIE BRYAN

00 OCT 27 AM 11:35
RECEIVED
DIVISION OF CORPORATION

227-00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Alliance Lending, LLC
(Name of foreign limited liability company)
2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4356156
(FEI number, if applicable)
4. 3/21/00
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 12/1/00
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. _____
- 2000 Spring Road, Suite 520, Oak Brook, IL 60523
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The usual business addresses of the managing members or managers are as follows:

Producers Mortgage Corporation 2000 Spring Rd., Suite 520, Oak Brook, IL 60523

Thomas C. D'Aprile, President

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 Banker

Thomas C. D'Aprile
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.)
Thomas C. D'Aprile, President
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:

Alliance Lending, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

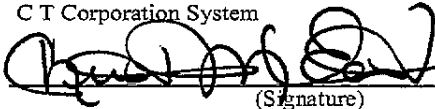
Plantation

FL 33324

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..

C T Corporation System



(Signature)

Christine M. Eastwine
Assistant Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
RECORDED

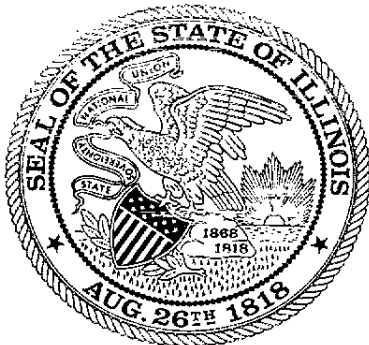
File Number 0039339-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ALLIANCE LENDING, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 21, 2000,
(LIMITED LIABILITY COMPANY NAME CHANGED FROM
DESIGN MORTGAGE, LLC ON OCTOBER 24, 2000,) APPEARS
TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE LIMITED LIABILITY
COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES
AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE
OF ILLINOIS.*****



*In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of OCTOBER A.D. 2000*

Jesse White

SECRETARY OF STATE

00 OCT 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED