

Document Number Only

M00000000 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
- Merger
- Dissolution/Withdrawal
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of Name
- Limited Liability Partnership
- Fictitious Name
- Certified Copy
- Photo Copies
- CUS
- Call When Ready
- Call if Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

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

APPROVED AND FILED

Name
Avallability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

10/27

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED  
THANKS

CONNIE BRYAN

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RECEIVED  
DIVISION OF CORPORATION

00-1220

**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. Alliance Lending, LLC  
(name of foreign limited liability company)

2. Illinois 3. 36-4356156  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/21/00 5. Perpetual  
(Date of Organization) (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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**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)

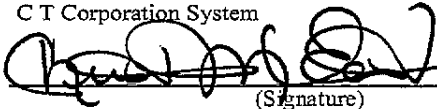
Plantation

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED  
AND  
FILED



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED