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|---|---|------|----------|------------|---------------------------------------|
| | ACCOUNT NO. | : | 07210000 | 0032 | |
| | REFERENCE | : | 320219 | 5142120 | |
| | AUTHORIZATION | : | Pat | ricia Phoi | * |
| | COST LIMIT | : | \$ 70.00 | 176.0091 | inna ammint |
| ORDER DATE : | - | | | ρί | Deborah 8-1-01 |
| ORDER TIME : | | | | | |
| ORDER NO. : | 320219-005 | | | | - |
| CUSTOMER NO: | 5142120 | | | 8000 | 004510678 |
| Wel | Lisa Bartlett-m ls Fargo Home Mo: Iome Campus | | | | |
| Des | Moines, IA 503 | 28- | 0001 | · | |
| ECEIVE STHENT OF JG -1 A ACKNOWLE CLENCY OF | FOREIGN F | ILI) | NGS . | | · · · · · · · · · · · · · · · · · · · |

NAME: FIRST MORTGAGE OF FLORIDA, LLC

| XXXX QUALIFICATION (TYPE: <u>LL</u>) | OI A |
|---|--------------------------------|
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | APPKI FIL RETAK AHASS |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | AM 9: 4 YOF STAI |

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER:

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. First Mortgage of Florida, LLC | gn limited liability company) | |
|--|--|------------|
| (| Sir mined habinty company) | |
| 2. Delaware | 3 | |
| (Jurisdiction under the law of which foreign limited liability | y (FEI nu mber, if applicable) | 4.50 |
| company is organized) | (- 21 na moot, ii applicable) | |
| 4 6/27/01 | | |
| 4. 6/27/01 (Date of Organization) | 5. perpetual | |
| (Date of Organization) | (Duration: Year li mited liability company will cease to | |
| | exist or "perpetual") | |
| 6upon_qualification | • | |
| (Date first transacted business in Florida, (Se | See sections 608.501, 608.502, and 817.155, F.S.) | |
| | over 500 1.501, 000.502, and 617.155, F.S.) | |
| 7. MAC X2401-049, 1 Home Campus | | |
| · · · · · · · · · · · · · · · · · · · | | |
| Des Moines, IA 50328-0001 | ess of principal office) | |
| (Street addre | ess of principal office) | |
| (* · · · · · · · · · · · · · · · · · · · | or pillosput offico, | |
| 8. If limited liability company is a manager-manage | ed company, charle have | |
| yy is a managor-manago | ed company, eneck here | |
| 9. The name and usual business address. Cd. | | |
| 9. The name and usual business addresses of the ma | anaging members or managers are as follows: | |
| | _ ა ₹ა ⊂ | > |
| Wells Fargo Ventures, LLC, MAC X2401-06T, 1 | 1 Home Campus, Des Moines, IA 50328-0001 | |
| | <u> </u> | = |
| | —————————————————————————————————————— | , <u> </u> |
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| the state of the s | STATE LORD | <u>=</u> |
| | <u>e</u> m | |
| Attached is an original certificate of existence, no more than 9 | 90 days old, duly authenticated by the official having custody of record | 1a in |
| the jurisdiction under the law of which it is organized. (A photoco | Onvis not acceptable. If the certificate is in a family is a | 12 111 |
| translation of the certificate under oath of the translator must be sul | ibmitted) | |
| THE CONTRACTOR OF NO | william. | |
| 11 Nature of husings on my | | |
| 11. Nature of business or purposes to be conducted of | or promoted in Florida: | |
| | | |
| Residential Mortgage Lending | <u> </u> | |
| n | | |
| Grey I Schwage | e^ | |
| Signature of a member or | unthonized seemed to C | |
| In accordance with continue OF AN AL | authorized representative of a member. | |
| an affirmation under the penalties of per | F.S., the execution of this document constitutes rjury that the facts stated herein are true.) | |
| | · · · · · · · · · · · · · · · · · · · | |
| Greg L. Schwager, Authorize | ed Representative | |

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: | | |
|--|------------|---------|
| First Mortgage of Florida, LLC | | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| Corporation Service Company | | |
| (Name) | | |
| Tallahassee FL 32301 | OI AUG | |
| 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 | 1 AM 9: 44 | AND AND |

\$ 100.00 Filing Fee for Application

\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST MORTGAGE OF FLORIDA, 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 THIRTIETH DAY OF JULY, A.D. 2001.

OI AUG - I AM 9: 41



Darriet Smith Windson, Secretary of State

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010369833

AUTHENTICATION: 1270172

DATE: 07-30-01