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Florida Department of State
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From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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FOREIGN LIMITED LIABILITY COMPANY

MOBILITY FINANCIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 4, 2001

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: MOBILITY FINANCIAL LLC
REF: W01000022968

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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. Mobility Financial LLC
(Name of foreign limited liability company)
2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3561687
(FEI number, if applicable)
4. 05/21/01
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Registration
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 260 Merrimac Street, 4th floor
Newburyport, MA 01950
(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:
260 Merrimac Street, 4th floor
Newburyport, MA 01950

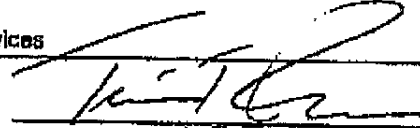
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate 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: _____

Home Landing 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.)

Timm T. Runnion, Manager

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:

Mobility Financial LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

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

Tallahassee

FL 32301

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.

NRAI Services, Inc.


(Signature)

Eric R. Wolz, 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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TALLAHASSEE, FLORIDA

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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02139

October 2, 2001

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

MOBILITY FINANCIAL LLC

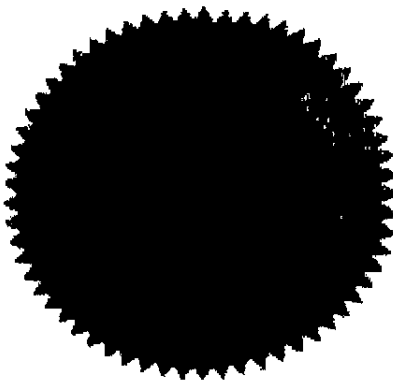
in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 21, 2001.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **TIM T. RUNNION, JOHN R. FERRIS**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **TIM T. RUNNION, JOHN R. FERRIS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **TIM T. RUNNION, JOHN R. FERRIS**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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TALLAHASSEE, FLORIDA

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