Requester's Name  521 Moy Address  Address  City/State/Zip / Phone #  CORPORATION NAME(S) & DOCUM	32-3028	OO574  O2 FEB 28 AM 9: 49  SECRETARY OF STATE LORIDA  ffice Use Only nown):
1. (Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	8000050;264987 -02/28/0201047002 ****125.00 ****125.00
3. (Corporation Name)	(Document #)	e et al. and a second a second and a second
4(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A Change of Register Dissolution/Withde	red Agent
OTHER FILINGS	REGISTRATION/QU	JALIFICATION (
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnershi ☐ Reinstatement ☐ Trademark ☐ Other	p 
		Examiner's Initials

CR2E031(7/97)

#### 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: (Name of foreign limited liability company) Locolina-(Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) March (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 29739 - 3028 (Street address of principal office) Rock Hill 8. If limited liability company is a manager-managed company, check here  $\overline{\nu}$ 9. The name and usual business addresses of the managing members or managers are as follows: Rock Hill *9*9732 Hill 2973Q 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: Montage Broker Business 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.) Darrell *which ams* 

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:		,	
STM Lending. LLC	LAR	33.20	
2. The name and the Florida street address of the registered agent and office are:	TARY ( ASSEE	EB 28	FILE
Jay Fulbright (Name)	)F STATE FLORID,	64 16 MV	ED
7491 Contoy Windermere Rd Florida street address (P.O. Box NOT ACCEPTABLE)	<b>X</b> '''	<del>Q</del>	-
Orlando FL 32835 (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.

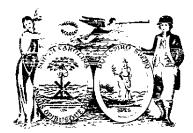
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# The State of South Carolina



## Office of Secretary of State Jim Miles Certificate of Existence

#### I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

STM LENDING, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 7th, 2000, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 26th day of February, 2002.

Jim Miles, Secretary of State