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Capitol Office Center 3422 Old Capitol Trail, Suite 700 Wilmington, DE 19808-6192 (USA)

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E-mail: inc\_info@delbusinc.com Internet: http://www.delbusinc.com DELAWARE
BUSINESS
INCORPORATORS
INC.®

- Delaware incorporation and Limited Liability Company (LLC) formation
- ☐ Shelf corporations always available
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- "Legal Address in Delaware, USA Package" (mailing address, remailing, forwarding, private Delaware phone number, fax & answering service)
- ☐ Office space for lease

May 23, 2002

500005622915--1 -05/29/02--01011--006 \*\*\*\*160.00 \*\*\*\*160.00

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: NATIONS 1ST MORTGAGE, LLC - #14081

Dear Secretary of State:

Please find enclosed the following documents:

Application for Authority to register a foreign corporation Filing Fee State of Delaware original official document (if required) ZMAY 29 PM 2: 21 ECRETARE OF STATE LLAHASSEF ET OPION

Please file these documents accordingly and return them to me at the address above on this letterhead or in the enclosed pre-addressed envelope.

Any questions concerning this filing, you may reach me directly at 800-423-2993.

Thank you,

Lori M. Whitlock General Manager

**Enclosures** 

## 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:

NATIONS 1st	t MORTGAGE, LLC	(Name of foreign	12 - 57	11:1:1:4	- · · · · · · · · · · · · · · · · · · ·			
		(Name of foreign	ıımıte	a naointy comp	any)			
DELAWARE			3	Al	PPLIED FOR			
Jurisdiction under	the law of which foreig company is organized)	n limited liability	J	(FE	PPLIED FOR I number, if appl	icable)		<del></del>
MAY 3, 200	2 te of Organization)		5	P)	ERPETUAL limited liability coxist or "perpetual"	7.7		
(Da	te of Organization)		•	(Duration: Year e	nmited hability coxist or "perpetual"	ompany will ()	CGSSC CGSSC	ю
UPON AUTHO							MAY	
(D	ate first transacted busin	ness in Florida. (S	ee secti	ions 608.501, 60	98.502, and 817.13	55, F.S.)	29	Ë
3350 BUSCH	WOOD PARK DR.,	SUITE 195			-	<u> Ma</u>	-0	
TAMPA, FL	33614					OTH ALS	5	
	· . <u>.</u> · · · · ·	(Street addre	ss of pr	incipal office)	<del> </del>		- 2	
If limited liabi	lity company is a m	anager-manage	d com	pany, check	here 🗌			
The name and	usual business addr	esses of the ma	nagin	g members o	r managers are	as follows	::	
BARBARA MCI	MAHON-TURVILLE	& JAMES D.	FISH					
3350 BUSCH	WOOD PARK DR.,	SUITE 195						
TAMPA, FL	33614		<del>'-</del>				·	
			· ·					
						<del></del>		
the jurisdiction un	ginal certificate of existe ader the law of which it i certificate under oath of	sorganized (Aph	otocop	y is not acceptal	<del>.</del>	_	-	
. Nature of bus	siness or purposes to	o be conducted	or pro	omoted in Flo	rida: <u>Mór</u>	tgage		
NATIONS	1st mortga	e CLC						
	Basa	· - 2000	a k	- Karak	^	-		
	Signature of a	member or an	author	rized represer	tative of a mer	mber.		
	(In accordance with	n section 608.408(3) er the penalties of p	), F.S., t	he execution of th	iis document constit			
	a .	MCMALM	<del></del>	Tacville				
	, will	Typed or print	ed na	me 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:			
	NATIONS 1st MORTGAGE, LLC			
2. 7	The name and the Florida street address of the registered agent and office are:	SECRET	02 MAY	_ 
	BARBARA MCMAHON-TURVILLE	355E	29	J.I.
	(Name)	E E	PH	D
	3350 BUSCHWOOD PARK DR., SUITE 195  Florida street address (P.O. Box NOT ACCEPTABLE)	LORIDA	2: 21	- -
	in the second se			
	TAMPA FI 33614 (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.

Berbara monado Turille
(Signature)

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

PAGE 1

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONS 1ST MORTGAGE, 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 TWENTY-THIRD DAY OF MAY, A.D. 2002.

FILEU

02 MAY 29 PM 2: 21

SECNEDANS OF STATE

3521670 830 020329458

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1792741

DATE: 05-23-02