

M02000002691

Sender
Name

FL 011111

Phone

Company

FL 011111

Address

10000 PALM WAY, STE 400

Dept./Floor/Suite/Room

City

PALE BEACH

State

FL

ZIP

33400

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PALM BEACH MORTGAGE MANAGEMENT LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

000008072060--0

-09/27/02--01042--002

***160.00 ***160.00

4. _____
(Corporation Name) (Document #)

W02-28/71

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -9 PM 1:58

Examiner's Initials

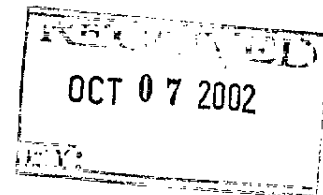


FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 30, 2002

DON BURNS
PBMM
450 ROYAL PALM WAY, STE 450
PALM BEACH, FL 33480



SUBJECT: PALM BEACH MORTGAGE MANAGEMENT LLC
Ref. Number: W02000028171

We have received your document for PALM BEACH MORTGAGE MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

NOTE: FEIN # WAS IN APPROPRIATE PLACE - AC

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 202A00054962

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PALM BEACH MORTGAGE MANAGEMENT, LLC

450 Royal Palm Way
Suite 450
Palm Beach, FL 33480

October 8, 2002

Lee Rivers
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 63d27
Tallahassee, FL 32314

Ref. Number W02000028171

Dear Mr. Rivers,

Enclosed please find your letter (# 202A00054962), completed Application by Foreign Limited Liability Company, Certificate of Designation, and a Certificate of Good Standing and Legal Existence from the State of Delaware.

I apologize for not sending the correct form with the application.

Thank you in advance for handling this important matter.

Sincerely,



Carol Cottone for Donald Burns

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:


1. PALM BEACH MORTGAGE MANAGEMENT, LLC
(Name of foreign limited liability company)
2. DELAWARE 3. 05-0530481 (FEIN)
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. SEPTEMBER 9, 2002 5. _____
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. SEPTEMBER 9, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 450 ROYAL PALM WAY, SUITE 450, PALM BEACH, FL 33480

(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
DONALD A. BURNS 450 ROYAL PALM WAY, SUITE 450, PALM BEACH, FL 33480

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: MAKE OR PURCHASE INVESTMENT
PROPERTY (MORTGAGE NOTES)


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.)

DONALD A. BURNS

Typed or printed name of signee

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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:

PALM BEACH MORTGAGE MANAGEMENT LLC

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

DONALD A. BURNS

(Name)

450 ROYAL PALM WAY, SUITE 450

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

PALM BEACH

FL

33480

(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.



(Signature)

| | |
|-----------|----------------------------------|
| \$ 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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Delaware

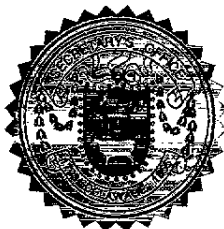
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM BEACH MORTGAGE MANAGEMENT, 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 SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -9 PM 1:58



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3566984 8300

AUTHENTICATION: 2010134

020605902

DATE: 09-30-02