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November 1, 2002

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Reference: Registration of Foreign Limited Liability Company

Dear Sir or Madam;

#### Please find attached:

- 1) Our official company check in the amount of \$125.00 and made payable to the Florida Department of State;
- 2) Completed and signed application for registering a Foreign Limited Liability company to transact business in Florida; and
- 3) An original Certificate of Existence issued by the Commonwealth of Virginia.

Should you require any further information or documentation, please do not hesitate to contact the undersigned.

Sincerely,

Thomas J. Schultz, CPA/President Skyline Mortgage Group, LC



November 12, 2002

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

Attention: Diane Cushing, Corporate Specialist

Reference: SKYLINE MORTGAGE GROUP, LC

REF NUMBER: W02000031832

Dear Ms. Cushing;

In reference to your letter dated November 6, 2002 (photocopy attached), please find attached an revised version of page 2 of the Application By Foreign Limited Liability Company For Authorization To Transact In Florida.

Should you require any further information or documentation, please do not hesitate to contact us.

Regards

Thomas J. Schultz, CPA/President Skyline Mortgage Group, LC

Thomas Schulk



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 6, 2002

THOMAS J. SCHULTZ SKYLINE MORTGAGE GROUP, LC 11126 TIMBERHEAD LANE RESTON, VA 20191

SUBJECT: SKYLINE MORTGAGE GROUP, LC

Ref. Number: W02000031832

We have received your document for SKYLINE MORTGAGE GROUP, LC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.)

Please correct line 6, non applicable is not accepted. Please put Upon Qualification. The Limited Liability Company can not be it's own manager. It can be someone within the LLC, please correct line 9.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 402A00060678

### 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)  OVIRGINIA  3. 54-1795283  (Jurisdiction under the law of which foreign limited liability company is organized)  4. 03/05/1996  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  OUPON QUALIFICATION  (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  7. 11126 TIMBERHEAD LANE  RESTON, VA 20191  (Street address of principal office)  (Street address of principal office)  OUPON QUALIFICATION  (Street address of principal office)
(Jurisdiction under the law of which foreign limited liability company is organized)  4. 03/05/1996  (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  7. 11126 TIMBERHEAD LANE  RESTON, VA 20191  (Street address of principal office)  (Street address of principal office)
(Jurisdiction under the law of which foreign limited liability company is organized)  4. 03/05/1996  (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  7. 11126 TIMBERHEAD LANE  RESTON, VA 20191  (Street address of principal office)  (Street address of principal office)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  7. 11126 TIMBERHEAD LANE  RESTON, VA 20191  (Street address of principal office)  (Street address of principal office)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  7. 11126 TIMBERHEAD LANE  RESTON, VA 20191  (Street address of principal office)  (Street address of principal office)
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3. If limited liability company is a manager-managed company, check here
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THOMAS J. SCHULTZ
11126 TIMBERHEAD LANE
RESTON, VA 20191
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: RESIDENTIAL
MORTGAGE BROKERAGE

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.)

THOMAS J. SCHULTZ, CPA/PRESIDENT

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:
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SKYLINE MORTAGE GROUP	. L	.C
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2. The name and the Florida street address of the registered agent and office	e na	e n	nan	ne	and	the	Flo	rida	street	address	of	the	registered	agent	and	office	are
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e and the Florida street address of the registered agent and office are:	_	
CORPORATION SERVICE COMPANY	DZ NOV SECRE	
(Name)	TAR JASS	
1201 HAYS STREET	PH Y OF	Ë
Florida street address (P.O. Box NOT ACCEPTABLE)	3: 3 STAT LORU	•
TALLAHASSE FL 32301	TE DA	
(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** 

Certified Copy (optional) \$ 30.00

5.00 Certificate of Status (optional)

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## State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to SKYLINE MORTGAGE GROUP, L.C., a limited liability company formed under the laws of VIRGINIA, effective as of March 05, 1996.

This certificate is in effect as of this date.

Nothing more is hereby certified.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date: October 30, 2002

Joel H. Peck, Clerk of the Commission