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| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | siness Entity Nar | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JANUARY JORPORATIONS
TALLABASSEE, FLORIDA



January 7, 2003

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is APB Mortgage LLC's application for authorization to transact business in Florida. Also included is the following:

- Certificate of Existence, Secretary of State, Kentucky
- Check for \$125

If you need anything else, please direct inquires to:

David Robbins 9931 Corporate Campus Drive #1800 Louisville, KY 40223 502-212-1454 (direct)

Sincerely,

David R. Robbins, CPA Director of Finance

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:

| 1. APB Mortgage LLC | | | | |
|---|---|-------|--|-----------------------|
| | (Name of foreign | lim | ted liability company) | |
| 2. Kentucky | | 3 | Q _B | |
| (Jurisdiction under the law of which company is org | ch foreign limited liability anized) | ٠ | (FEI number, if applicable) | Werease to 1 0.2 |
| 4. <u>10/10/2001</u> | | 5. | Perpetual | |
| (Date of Organiza | ion) | | Perpetual (Duration: Year limited liability company we exist or "perpetual") | Reease to |
| 6. <u>N/A</u> | | | | 62.5 |
| (Date first transac | ted business in Florida. (Se | ee se | ctions 608.501, 608.502, and 817.155, F.S.) | 10 to |
| 7. 9931 Corporate Campu | s Drive #1800 | | | |
| Louisville, KY 40223 | | ٠. | | |
| | (Street addres | ss of | principal office) | ,. |
| 8. If limited liability company | is a manager-manage | d co | mpany, check here 🗹 | |
| 9. The name and usual busine | ss addresses of the ma | nag | ing members or managers are as follow | vs: |
| Dennis Crum, 9931 Co | prograte Campus Dri | ve ‡ | #1800 Louisville, KY 40223 | |
| | ······································ | , | | |
| | | | | |
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| | | | , | |
| 10. Attached is an original certificate | of existence, no more than? | 90 da | ys old, duly authenticated by the official having | custody of records in |
| the jurisdiction under the law of | which it is organized. (A ph | otoc | opy is not acceptable. If the certificate is in a fore | ign language, a |
| translation of the certificate unde | roath of the translator must l | be su | bmitted.) | |
| 11. Nature of business or pur | poses to be conducted | or p | romoted in Florida: | |
| Mortgage Broker | | | | |
| | $\overline{(}$ | | | |
| M | 4 m | | | |
| | | | orized representative of a member. | |
| | | | , the execution of this document constitutes that the facts stated herein are true.) | |
| | s Crum | J J | , | |
| | Typed or printe | ed n | ame 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 Liabilit | ry Company is: | • |
|--|----------------------|---|---|
| APB Mortgag | e LLC | | |
| 2. The name and | d the Florida street | address of the registered agent and office are: | A SOLUTION OF THE PROPERTY OF |
| | CT Corporation | System | SEC. OF SEC. |
| | | (Name) | 22 |
| 1200 South Pine Island Road | | 25 | |
| Florida street address (P.O. Box NOT ACCEPTABLE) | | | . |
| | Plantation | FL 33324 | |
| | | (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.

Sueen J. Metze 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)



John Y. Brown III **Secretary of State**

Certificate of Existence

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

APB MORTGAGE LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is October 10, 2001.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30th day of December, 2002.

Y. BROWN III

Secretary of State

Commonwealth of Kentucky

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