Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173 Pax Number : (850)224-1640

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EOREIGN LIMITED LIABILITY COMPANY

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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	limi	ited liability company)			
North Card	olina		3. :	66-2175434			
Jurisdiction	under the law of which foreig company is organized)	in limited liability		(FEI number, if applical	र्गर)		
12/21/99			5.	Perpetual			
	(Date of Organization)		-	(Duration: Year limited liability comexist or "perpensal")	sany Will	cease t	D
3	Upon Qualificatio		_				
	(Date first transacted busi	noss in Florida. (Se	B 80	etions 608.501, 608.502, and 817.155,	F.S.)		
10132 Re	niston Drive, Charlotte, NC	28210					
							_
		- (Street addres	s or	principal office)			
If limited	liability company is a m	anaecr-manaecc	d co	omnany, check here			
	and the second of the second of the second						
The name	e and usual business addi	resses of the mai	nag.	ing members or managers are as	follows:	:	
Ales Car	the spine best as the	Ohmuluka BIM OO	~*~				
Alan Sat	ks, 10132 Reniston Drive,	Chanotte, NC 26.	210				 -
						·	
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D04

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

THE UNDERS	IGNED LIMITED LIAB TO DESIGNATE A RE	F SECTION 608.415 or 608.507, FLORIDA STATUTES, ILITY COMPANY SUBMITS THE FOLLOWING DISTERED OFFICE AND REGISTERED AGENT IN THE
1. The name o	f the Limited Liability C	ompany is:
The JohnAlan (Broup, Mortgage Associate	slic
2. The name a	nd the Florida street add	ress of the registered agent and office are:
	NRAI Services, Inc.	
		(Name)
	526 E. Park Avenue	
		t address (P.O. Box NOT ACCEPTABLE)
	Tellshassee	FL 32301 (City/State/Zip)
		(Chy/state/Eth)
liability compa registered agen statutes relating	ny at the place designated it and agree to act in this it to the proper and comp gations of my position as	and to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
By: V	(Signature)	
Michael Mirrion	a, Assistant Sacrelary	
	\$ 30	1.00 Filing Fee for Application 1.00 Designation of Registered Agent 1.00 Certified Copy (optional) 1.00 Certificate of Status (optional)

D03



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

THE JOHNALAN GROUP, MORTGAGE ASSOCIATES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of December, 1999, with its period of duration being Perpetual.

1 FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Ref.# 0 Certification Number: 6982444-1 Page: 1 of 1 Verify this cartificate online at www.secretary.state.nc.us/Verification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 27th day of February, 2003.

Olaine I. Marshall

Secretary of State