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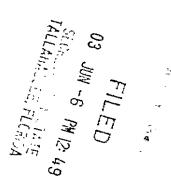
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ACCOUNT NO. : 072100000032 *≡* 114003 REFERENCE AUTHORIZATION COST LIMIT : \$ 125.00 ORDER DATE: May 30, 2003 ORDER TIME : 9:46 AM ORDER NO. : 114003-295 CUSTOMER NO: 4321551 CUSTOMER: Ms. Sally Hentz Moore & Van Allen, Pllc Suite 4700 100 North Tryon Street Charlotte, NC 28202-4003 FOREIGN FILINGS NAME: FINANCIAL SERVICESOLUTIONS. LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Norma Hull -- EXT# 1115

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	IE STATE OF FLORIDA:	€3
1. Financial ServiceSolutions, LLC		. 6
(Name of foreign	limited liability company)	_
· · ·		
2. Delaware	(FEI number, if applicable)	_
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
, , , , , , , , , , , , , , , , , , , ,	Market Control of the	
4. April 22, 2003 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to	_
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
	- Parkerson	
6. Upon filing		_
(Date first transacted business in Florida. (Se	e sections 608.501, 608.502, and 817.155, F.S.)	
7. 100 North Tryon Street, 37th Floor,	Charlotte, NC 28202	
7		_
(Street address	s of principal office)	
8. If limited liability company is a manager-managed	company, check here [X]	
9. The name and usual business addresses of the mar	laging members or managers are as follows:	
Transic Character 100 November Character Character	at 37th Bloom Chamlette NC 20202	
Kevin Shannon, 100 North Tryon Street	et, 37th Floor, Charlocke, NC 28202	-
Eric Swenson, 100 North Tryon Street	37th Floor Charlotte, NC 28202	
Elle Swellson, 100 Notell Tryon Screen	., still Floor, charlotter, no zozoz	-
		-
	_	
		 .
10. Attached is an original certificate of existence, no more than 90	O days old, duly authenticated by the official having custody of n	ecords in
·	tocopy is not acceptable. If the certificate is in a foreign languag	
translation of the certificate under oath of the translator must b		
11. Nature of business or purposes to be conducted o	r promoted in Florida: Provider of fulfill-	<u>-</u>
N		
ment technology and services for lend	ders of residential first mortgages	_
(-A)		
	thorized representative of a member.	
	F.S., the execution of this document constitutes	
an affirmation under the benalties of per Bank of America, N.A., Member		
By Rudy Medina, Serior Vice P	resident	
i troop of printer	a nama at cianga	

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.

. The name of the Limited Liability Comprished Liability Comprished Liability Comprished Liability Comprished Liability Compression (LCC)	· •		
Thancial ServiceSolucions, Inc			
. The name and the Florida street address	of the registered	l agent and office	are:
CTC	orporation S	ystem	
	(Name)		
1200 Sou	th Pine Tsla	and Road	
Florida street add	dress (P.O. Box NC	T ACCEPTABLE)	
Plantation	FI.	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.

Kathum A (elellow Bosstant Secutary)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE ST DELAWARE, DO HEREBY CERTIFY "FINANCIAL SERVICESOLUTIONS, 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 SECOND DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINANCIAL SERVICESOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2003.

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



AUTHENTICATION: 2447399

DATE: 06-02-03 ...

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