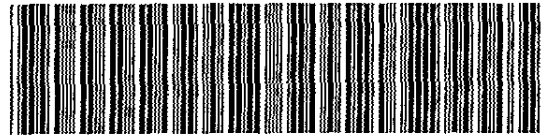


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03 JUL -3 AM 11:12

DEPT OF STATE  
TALLAHASSEE, FLORIDA



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07/03/03--01059--004 \*\*250.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

MICHAEL W. OWEN

ATTORNEY AT LAW  
650 EAST CARMEL DRIVE, SUITE 160  
CARMEL, IN 46032

PHONE: (317) 819-0515

FACSIMILE: (317) 819-0514

FILED  
03 JUL -3 AM 11:12  
OFFICE OF THE  
TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporation  
409 E Gaines St.  
Tallahassee FL 32399

July 2, 2003

Dear Sir or Madam:

I am enclosing original applications (and one copy) for an Indiana LLC to do business in the State of Florida, with Certificate of Existence, as well as a Certificate of Designation of Registered Agent.

I read your filing fee schedule as \$125 for each. If this is incorrect, please contact me. Thank you for your assistance.

Sincerely,



Michael W Owen

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

FILED  
03 JUL -3 AM 11:12

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. ADVANTAGE FUNDING LLC  
(Name of foreign limited liability company)
2. INDIANA  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2114100  
(FEI number, if applicable)
4. 8/1/2000  
(Date of Organization)
5. 30 YEARS TO 8/1/30  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JUNE 7, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1025 SOUTH SEMORAN BLVD SUITE 1093  
WINTER PARK FL 32792  
(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:

STEVE MATHIS  
1025 SOUTH SEMORAN BLVD SUITE 1093  
WINTER PARK FL 32792  
MICHAEL W OWEN - RESIDENT AGENT/MANAGING MEMBER.  
650 E GARMEL DR #160 CAMEL IN 46032 AMERICA

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: MARKETING

COMPANY FOR MORTGAGE BROKER

Michael W Owen  
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.)

MICHAEL W OWEN

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
03 JUL -3 AM 11:12  
TALLAHASSEE, FLORIDA

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:

ADVANTAGE FUNDING-LLC

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

MICHAEL W OWEN

1025 SOUTH SEMOCAN BLVD SUITE 1093

(Name)

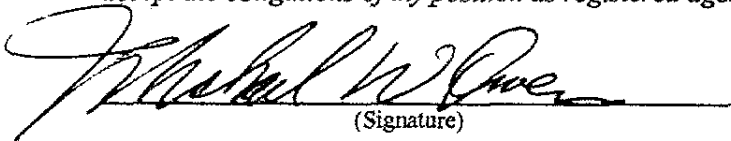
WINTER PARK FL 32792

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

FL

(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)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

FILED  
03 JUL -3 AM 11:12  
OFFICE OF THE SECRETARY OF STATE  
INDIANAPOLIS, FLORIDA

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**ADVANTAGE FUNDING, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 01, 2000, and was in existence or authorized to transact business in the State of Indiana on July 02, 2003.

I further certify this Domestic Limited Liability Company (LLC) has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of July, 2003 .

TODD ROKITA, Secretary of State

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