

M03000003498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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BK

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 OCT 20 AM 11:14

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TALLAHASSEE, FLORIDA

CT CORPORATION

October 20, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

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03 OCT 20 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5936463 WO  
Customer Reference 1: 43313/1  
Customer Reference 2: 43313/1

Dear Secretary of State, Florida:

Please file the attached:

Residential Facilitators, LLC (PA)  
Registration  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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

*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. Residential Facilitators, LLC  
(Name of foreign limited liability company)
2. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 57-1178073  
(FEI number, if applicable)
4. 07/02/2003  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 345 Rouser Road, Bldg No 5, Coraopolis, PA 15108  
(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:

SEE ATTACHMENT

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, evaluation and financing real estate

Francis H. Azur  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.406(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Francis H. Azur

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:

Residential Facilitators, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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.*

C T Corporation System

By:

*Kevin A. Sebanca, Asst. Secy*  
(Signature)

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

# RESIDENTIAL FACILITATORS, LLC

345 ROUSER ROAD, BLDG NO. 5  
CORAOPOLIS, PENNSYLVANIA 15108-4726

## LISTING OF DESIGNATED MANAGERS/OFFICERS

<u>NAME / ELECTED OFFICE</u>	<u>BUSINESS ADDRESS</u>	<u>HOME ADDRESS</u>
<b>Francis H. Azur</b> <i>Member of Management Committee</i>	345 Rouser Road Coraopolis, PA 15108	111 Normandy Court Nevillewood, PA 15142
<b>Melanie B. Gefert</b> CEO and <i>President</i>	345 Rouser Road Coraopolis, PA 15108	506 Christopher Circle Pittsburgh, PA 15205
<b>Christopher F. Azur</b> <i>Member of Management Committee</i>	345 Rouser Road Coraopolis, PA 15108	4200 Muirfield Circle Nevillewood, PA 15142
<b>David G. Steinmetz</b> <i>Secretary/Treasurer</i>	345 Rouser Road Coraopolis, PA 15108	122 Jenny Lynn Drive Aliquippa, PA 15001

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

October 09, 2003

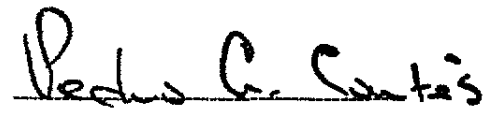
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RESIDENTIAL FACILITATORS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date hereip

IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

  
Secretary of the Commonwealth



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STATE  
TALLAHASSEE, FLORIDA