# M03000003524

(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:





400023901574

10/22/03--01002--004 \*\*125.00

D/

13 OCT 21 PM 5: 13 O3 OCT 21 PM 3: 0

### FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax (850) 942-5111 www.floridacompliance.com

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ZASL	MORTZAY	GRMD Course	// c
2	oration Name)	(Docume	
3(Corpo	oration Name)	(Docume	nt#)
4. <u>(Corp</u> o	oration Name)	(Docume	nt #)
	Pick up time 10		
Mail out .			Certificate of Status
NEW FILINGS.	AMENDMEN	its	
Profit	Amendment	· · · · · · · · · · · · · · · · · · ·	_
NonProfit -	Resignation of R.A	A., Officer/ Director	
Limited Liability	Change of Registe	red Agent	
Domestication	Dissolution/Withd	rawal	
Other	Merger		<u>.</u>
OTHER FILINGS	REGISTRA QUALIFIC	VIION/	
Annual Report	Foreign	ALION	
Fictitious Name	Limited Partnershi	in.	
Name Reservation	Reinstatement	-	
	Trademark		

Other

## 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

MITED LIAŖILITY C	<i>OMPANYTOTE</i>	<i>ANSACT BUSI</i>	INESS IN THE S	STATE OF FLC	ORIDA:			
	FAGIC	MORTG	ης ξ e of foreign lim	GROUP	LL.C.			- <del></del>
	J	(Name	e of foreign lim	ited liability é	ompany)			
CONH	ECTICUT		3.	04	2-16/	9817		
Conり Jurisdiction under c	the law of which ompany is organ	1 foreign limite 1ized)	ed liability		(FEI number,	if applicable	)	
	22 01		5.	Des	e perua			
(Dai	e of Organization	n)		(Duration: )	exist or "per	bility compar petual")	ny will cease to	ı
	upm g	Tualifi	cation				<u>್ಷ</u>	
(Da	ite first transacte	ed business in	Florida. (See se	ctions 608.50	1, 608.502, and	817.155, F.S	S.)	
264	Amity	Koac	x stea	07		The second second	- F	_
Wood	bridge,	CTO	6525					<b>)</b>
		(St	treet address of	principal offic	ce)	بر <u>در در د</u>	5	_
If limited liabil	ity company i	is a manager	r-managed co	impany che	ck here	<u> </u>		
							ž. 0	
The name and i	usual busines:	s addresses o	of the manag	ing member	s or manage	rs are as fo	llows:	
			_	_	_			
IA	J WILLIAM	1 <u>5</u>		<u> </u>	<u> </u>	<u></u>		
	AMITY RI					<u>.</u>		
W/\^T	 	<b>^</b> ~	04525					
W001	BRIDGE,	<u> </u>	06323	<u> </u>	·			
	<del></del>	-		بر . مابي <u>.</u>	· ·			
Attached is an orig	inal certificate of	existence no r	more than 90 da	wold dukem	thenticated by fl	ne official has	ing autodu of	momit
the jurisdiction un	der the law of wi	nich it is oroani	zed (A photoc	novis not acces	ntable If the ce	tificate is in a	foreign language	ne e
translation of the c					panc. Hucca	uncase is in a	roreign angua	gu, a
			2007 11100 00 00	on manage				
Nature of busi	ness or purpo	ses to be co	nducted or p	romoted in	Florida: <u>M</u>	ORTGAG	iE	
 To a			·	•				_
BROK	(EK	<del></del>	<del></del>	~		·		-
		Van	//	) ITH	& J			
	Signature	of a member	er or an autho	ofized repres	sentative of a	member.		•
	(In accordan	ce with section (	608.408(3), F.S.,	the execution of	of this document	constitutes		
	an affirmation		nalties of perjury		ated herein are tr	ue.)		
		IM	WILLIAM.					
		ismed	or printed no	ima of ciana	3.0			

## 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.

EAgle Moetgage Georg UC
2. The name and the Florida street address of the registered agent and office are:
Florida Compliance Specialists INC
Florida street address (P.O. Box NOT ACCEPTABLE)
TA/Ahassee FL 3230/

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)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

#### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

EAGLE MORTGAGE GROUP, L.L.C.

is in existence.

03 007 21 PM 5-13

Secretary of the State

Date Issued: September 4, 2003