Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030003335393)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

ACCOUNT Name : CORPORATE & CRIMINAL RESEARCH SERVICES

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

0715. 21219

FOREIGN LIMITED LIABILITY COMPANY

RESIDENTIAL HOME LOAN CENTERS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Meau

Composate Filing

Public Access Help

TURBLE 03 DEC 11 AM 8: 18

BIND

H030003335393

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BESINESS IN THE STATE OF FLORIDA:

| (Name of foreig | n lunited liability company) | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Maryland | 3, 52-2292310 | |
| (Iurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | _ |
| February 27, 2001 (Date of Organization) | Perpetual (Duration: Year limited liability company will cease a exist or "perpetual") | 0 |
| Upon Registration (Date first transacted business in Florida, (S | see sections 808.501, 608.502, and 817.155, F.S.) | |
| 1777 Reisterstown Road, Suite 352 East | | _ |
| Baltimore, MO 21208 | | |
| Street addre | es of principal office) | A:SE |
| . If limited liability company is a manager-manage | ed company, check here | CRET |
| . The name and usual business addresses of the mi | anaging members or managers are as follows: | ARY (|
| Jack Flechner, Esq. | | |
| 1777 Reistertown Road | | |
| Suite 352 East | | |
| Baltimore, MD 21208 | | |
| | 90 days old, duly authenticated by the official having custody of rotocopy is not acceptable. If the certificate is in a foreign langua be submitted.) | |
| 1. Nature of business or purposes to be conducted | or promoted in Florida | |
| Mortgage Brokerage | | _ |
| | 7 | |
| | | |
| (in accordance with scutton 60s.402(3) | such or ized representative of a member. 5 FS-, the execution of this document constitutes soury that the last search begin are true.) | |
| Jack Flechher, Esc., Member | • • • • | |

Typed or printed name of signed

H03000333539 3

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 STATE OF FL | | REGISTERED OFFICE AND REGISTERED AGENT IN T | HE |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| i. The name o | f the Limited Liability | y Company is: | |
| Residential Hor | ne Loan Centers, LLC | | |
| 2. The name a | nd the Florida street a | ddress of the registered agent and office are: | |
| | NRAI Services, Inc. | | |
| | - | (Name) | 03 (SEC |
| | 526 E. Park Avenue | | P DEC I |
| | Fiorida street address (P.O. Box NOT ACCEPTABLE) | | A MO |
| | Tallahessee | FL 32301 | |
| | | (City/State/Zip) | |
| liability compar registered agen statutes relating | ny at the place designs it and agree to act in t g to the proper and co gations of my position | ent and to accept service of process for the above stated limit ated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of mplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S. | ted fall |

Michael Mirrione, Assistant

Filing Fee for Application \$ 100.00 \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5 5.00 Certificate of Status (optional)

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RESIDENTIAL HOME LOAN CENTERS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 08, 2003.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

H030003334999711