M0400001239

(Requestor's Name)	,
(Address)	
(Address)	
(and so)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
• •	
(Document Number)	
Certified Copies Certificates of Status	_
r · · · · · · · · · · · · · · · · · · ·	
Special Instructions to Filing Officer:	



400029291604

00719704 - 01002--011 **125.00

Office Use Only

OCHAR 31 AM 10:21

SECRETARY OF STATE
TALL AHASSEE, FLORIDA
TALL AHASSEE, FLORIDA

EIT ED

FLORIDA COMPLIANCE SPECIALISTS, INC.

23 Tz Voi

DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com Office Use Only 7 S 7 2

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

1. + 188/ (Con	oration Name)	Docu	tionwide LLC
2. (Corp	oration Name)	(Досш	ment #)
3. <u>(Cor</u>	oration Name)	(Docu	ment#)
4	oration Name)	(Docu	ment #)
☐ Walk in	Pick up time	./	Certified Copy
☐ Mail out . [Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMEN	īs —	
Profit	Amendment		
NonProfit	Resignation of R.A	., Officer/Director	г
Limited Liability	Change of Register	ed Agent	
Domestication	Dissolution/Withdr	awal	
Other	Merger		
OTHER FILINGS	REGISTRA	TION/	CUMIR 31 PH 3: 33
Annual Report	QUALIFICA	NOITA	3/
Fictitious Name	Foreign		
Name Reservation	Limited Partnership)	TO THE SECOND
	Reinstatement		3
	Trademark		
	Other	}	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 19, 2004

FLORIDA COMPLIANCE SPECIALISTS

TALLAHASSEE, FL

SUBJECT: FIRST CHOICE LENDERS NATIONWIDE, L.L.C.

Ref. Number: W04000011071

We have received your document for FIRST CHOICE LENDERS NATIONWIDE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

We cannot accept the certificate from the TEXAS COMPTROLLER's office.

The certificate you must please submit is issued by the TEXAS SECRETARY OF STATE's office. An example of this certificate is attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist Letter Number: 004A00018318

THE TOTAL OF THE PARTY OF THE P

Division of Companyions D.O. DOV 6227 Wallahassas Florida 2221

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORI TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) Date of Organization) udification d business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 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: 1800 JUSTIN ROND 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: MORTGOGE Company

Signature of a member of 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.) BRIZESOIS

Typed or printed name of signee

MARK

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:
FIRST CHOICE LEWDERS NATIONWIDE, L.L.C.
2. The name and the Florida street address of the registered agent and office are:
WILLIAM ALVIN LIVINGSTON
1625 W. MARION AVENUE Florida street address (P.O. Box NOT ACCEPTABLE)
PUNTA GORDA FL 33950
(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.
William Hum Humany (Signature)
* \$ 100.00 Filing Fee for Application * \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 500 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Geoffrey S. Connor Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for First Choice Lenders Nationwide, LLC (filing number: 800027510), a Domestic Limited Liability Company (LLC), was filed in this office on November 13, 2001.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 24, 2004.



