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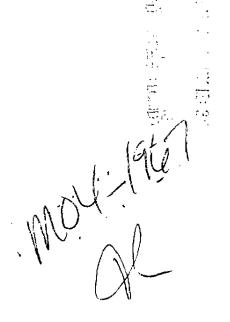
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 27, 2004

EARNEST SAHADY 4 RESEARCH PLACE, SUITE 140 ROCKVILLE, MD 20850

SUBJECT: MARYLAND RESIDENTIAL LENDING, LLC

Ref. Number: W04000016192

We have received your document for MARYLAND RESIDENTIAL LENDING, LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Letter Number: 404A00027986

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
	entral Lending Le oration - must include saffix)	<i>.</i>	
(Name of corp	oration - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporatio "Certificate of Existence", and check are submitte transact business in Florida.			
Please return all correspondence concerning this re Earnest A Sahad	. ~		
Earnest A Sahad	me of Person)		
Nationale Malin	or Service		
(ra	m/Company)		
Nahaww. Le Marlyus 4 Researt Place, Pocku. Ile Ma	Sute 140		
	(Address)		
Rocku.Tle mp	20850		
(City/:	State and Zip code)		
For further information concerning this matter, pl	ease call:	## 21%	: :
(Name of Person) at (Rrea Code & Daytime Telephone N	umber) []	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		13 13
Enclosed is a check for the following amount:			
\$70.00 Filing Fee Scertificate of Status Flands Dol of Fands		2:7.30 Filing Fee, Certificate of Status Certified Copy	&

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign whited liability company) the law of which foreign limited liability (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: 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.) Previously 11. Nature of business or purposes to be conducted or promoted in Florida: _____ 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.) Earnest Sahad

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.

. The name of the Limited Liability Company is:	
Maryland Residential Lending LLC	
The name and the Florida street address of the registered agent and office are:	
Marcie Gershoni (Name)	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Wester FL 33327 (City/State/Zip)	
(City/State/Lip)	y F 1

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.

& Marcie Gerstroni

\$ 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 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 MARYLAND RESIDENTIAL LENDING, L.L.C. 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 APRIL 07, 2004.

Paul B. Anderson Charter Division

Baul B. Under

