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Florida Department of State
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To:

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Fax Number : (850) 205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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FOREIGN LIMITED LIABILITY COMPANY

SENTINEL NATIONAL MORTGAGE COMPANY, LLC

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

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Department of State ^D 6/14/2004 9:52 ^S PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 14, 2004

CORPDIRECT AGENTS, INC.

SUBJECT: SENTINEL MORTGAGE COMPANY, LLC
REF: W04000022795

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H04000124393
Letter Number: 604A00039805

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

**IN COMPLIANCE WITH SECTION 608.502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. Sentinel National Mortgage Company, LLC
(Name of foreign limited liability company)
2. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 02-0683887
(FBI number, if applicable)
4. 1/25/02
(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. 1865 Hartford Avenue, Suite 10
Johnston, RI 02819
(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:
F. Dean Porter, 1865 Hartford Avenue, Suite 10, Johnston, RI 02819
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:
To conduct a mortgage brokerage business.


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.)

F. Dean Porter, Member

Typed or printed name of signee

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Sentinel National Mortgage Company, LLC

Resolution for Using a "Cross-Reference" Name in Florida

"RESOLVED, that, this limited liability company desires to transact business in the State of Florida, and the Member has been advised that the name of this limited liability company is not acceptable to the department of Financial Services for use in the State of Florida, this limited liability company adopts the "cross-reference name", "Sentinel Mortgage Company, LLC" for use in transacting business in the State of Florida.


F. Deon Porter, Member

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**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:

Sentinel National Mortgage Company, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

(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.

NRAI Services, Inc.

By: 

(Signature)

Michael Mirione, Assistant Secretary

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

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown
Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Sentinel National Mortgage Company, LLC

a Rhode Island Limited Liability Company, filed original articles of organization in this office on the twenty-fifth day of January A.D., 2002; and

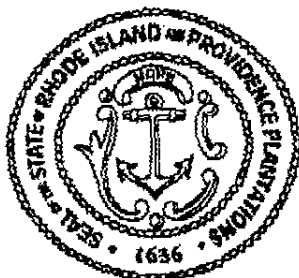
IT IS FURTHER CERTIFIED that said company is now of record and in good standing in this office.

SIGNED AND SEALED this ninth day of
June, 2004:

Matthew Brown

Secretary of State

By [Signature]



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