M0400003489

(Re	questor's Name)	
(Address)		
(Address)		
()-		
(0)	10: 1 0: 01	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
·	•	
Certified Conies	Certified Copies Certificates of Status	
Ositilied Copies	_ Serandate.	- Olatus
<u>, </u>		
Special Instructions to	Filing Officer:	
		Ì
		Į





200040132622

(我是我们的一切10000 · U10 / **125.00

04 AUS 25 AU 7: 59

CV 25 25 PH 3: Q4

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 known): CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 8-26-04 Walk in Certified Copy Photocopy Mail out → Will wait Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

Examiner's Initials	

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

	MPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LEVILLE I	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
·· —	The Mortgage Group UC. (Name of foreign limited liability company)
_	
Z. (Juri	ALABAMA sdiction under the law of which foreign limited liability company is organized) 3. 30-0221867 (FEI number, if applicable)
4. <u> </u>	(Date of Organization) 5. DeRiefual (Duration. Wear limited liability company will cease to exist or "perpetual")
5,	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	176 C - A- 570 1
	Gulf Shores Au 36542 (Street address of principal office)
	(Street address of principal office)
). Th	Row Lynn ZG661 Halber Litte Dr. Orms - Beach M 36561
_f	SCAN CYNN ZOVO I HALDON ANGE UN COMIGE WEARING MC 35001
the	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
11. N	lature of business or purposes to be conducted or promoted in Florida:
	Mockey Broken by S. NESS
	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.)
	BRAD LYNN
	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.

1. The name of the Limited Liability Company is:
The Moitgage GROUP.
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)
Tallahasser FZ 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.

(Signature)

Short of Short "

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

Nancy L. Worley Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that The Mortgage Group, L.L.C. organized in the office of the Judge of Probate of Baldwin County on November 12, 2003. I further certify that the records do not disclose that said The Mortgage Group, L.L.C. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 12, 2004

Date

Mancy L. Worley

Secretary of State