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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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09/10/04--01003--018 **55.00

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2004 SEP - 9 AM 8: 35

W04-32705 J. BRYAN AUG 30 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations



SUBJECT:	First.		Mortgag			
		(Name	of Limited Lia	bility	Company)	

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person)
First Wational Mortgage, LLC (Firm/Company)
1910 St. Joe center Road Suite 61
(Address)
Fort Wayne, IN 46825 (City/State and Zip Code)

For further information concerning this matter, please call:

Robin Workman	at (260) 426-2301
(Name of Person)	(Area Code & Daytime Telephone Number

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee	□ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate
	Certificate of St	atus Certified Copy	of Status & Certified Copy



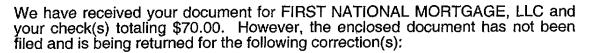
Secretary of State

August 30, 2004

DAVID C. BOCK FIRST NATIONAL MORTGAGE, LLC 1910 ST. JOE CTR. RD #61 FORT WAYNE, IN 46825

SUBJECT: FIRST NATIONAL MORTGAGE, LLC

Ref. Number: W04000032705



There is a balance due of \$55.00.

You completed the wrong form.,

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) 245-6043.

Letter Number: 004A00052548

Joey Bryan Document Specialist MALLAHASSEE, FLORIDAS



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

First National Mortgage (Name of Foreign Limit	ed Liability Company)
	3. 32-0057060 (FEI number, if applicable)
February 2003 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
1910 St. Joe Center Rd # 61 (Street Addi	Fort Wayne IN 46825 ress of Principal Office)
f limited liability company is a manager-manager	ged company, check here
	nanaging members or managers are as follows:
Howard 7. Kepler - 5668 St. Joe	2 Rd. Ft. Wayne, IN 46835
Attached is an original certificate of existence, no more than urisdiction under the law of which it is organized. (A photo slation of the certificate under oath of the translator must be:	n 90 days old, duly authenticated by the official having custody of recor occur is not acceptable. If the certificate is in a foreign language, a
sanon of the certificate tricer cannot the translator must be:	
. Nature of business or purposes to be conducted	submitted) ed or promoted in Florida:
Nature of business or purposes to be conducted. Mortgage Origination Signature of a member or an (In accordance with section 608.4086)	submitted) ed or promoted in Florida:



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 National Mortgage, HC	
2. The name and the Florida street address of the registered agent and office are:	
Robert Wildman (Name)	
6163 Deltona Blud. Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Spring Hill FL 34606 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, Florida Statutes.

(Signature)

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

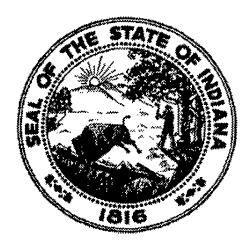
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FIRST NATIONAL MORTGAGE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 10, 2003, and was in existence or authorized to transact business in the State of Indiana on August 11, 2004.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of August, 2004.

TODD ROKITA, Secretary of State

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