# M040000 3917

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		مارما
		4123
	Office Use Onl	illo



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#### TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Ardent Financial			
(Name o	of corporation -	must include suffix)	
Dear Sir or Madam:			
The enclosed "Application by Foreign in Florida", "Certificate of Existence", limited liability company to transact but	and check are	submitted to register the above re	
Please return all correspondence concer	rning this matte	er to the following:	
Ann	ie D. Schroyer,	Legal Assistant	
	(Name of	Person)	
Shulman.	Rogers, Ganda	l, Pordy & Ecker, P.A.	
	(Firm/Con	<del></del>	₹.,,
			OL SEP
119		ike, Third Floor	<u> </u>
	(Addr	ess)	ASI -
	Rockville, Mar	yland 20852	SE1
	(City/State an	d Zip code)	
For further information concerning t	this matter, ple	ease call:	8: 31 SIANDA LORIDA
Annie Schroyer	at	301-255-0539	
(Name of Person)		(Area Code & Daytime Teleph	none Number)
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations 409 E. Gaines St.		P.O. Box 6327	

Tallahassee, FL 32314

Enclosed is a check for the following amount:

Tallahassee, FL 32399

\$ 155.00.00 Filing Fee, Designation of Registered Agent and Certified Copy.

## 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:

1.	Ardent Financial Holdings, LLC (Name of foreign limited liability company)	
_		
2.	Maryland (Jurisdiction under the law of which foreign limited liability company is organized)  3. 52-243654 (FEI number, if applicable)	
4.	December 3, 2003  (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.	5454 Wisconsin Avenue, Suite 1265, Chevy Chase, Maryland 20815	
	(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:	
	Adam S. Drescher, Managing Member, 5454 Wisconsin Ave Step 128	Cheny Ch
	Gary R. Jaffe, Member 5454 Wisconsin Ave, Ble 1265, Chery Cher	
10	0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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	1. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Investmen	ts
	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.)	

Adam S. Drescher, Authorized member
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 Liabilit	ty Company is:	
Ardent Finan	ncial Holdings, LLC		
2. The name	and the Florida street a	address of the registered agent and office are:	
	David Bauman		
		(Name)	<del></del>
	c/o Bauman and Ka	nner, P.A., 7119 West Broward Boulevard	TAL SE
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	SEP
	Plantation,	FL 33317 City/State/Zio	ASSE T
		Chy/State/Z/p	mc =
liability compe agent and agre relating to the	any at the place designo ee to act in this capacit proper and complete p	ent and to accept service of process for the abovated in this certificate, I hereby accept the appointy. I further agree to comply with the provisions performance of my duties, and I am familiar with the deep agent as provided for in Chapter 608, Floria	intment as registered of all statutes in and accept the

\$ 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 B. 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 ARDENT FINANCIAL HOLDINGS, LLC 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 SEPTEMBER 15, 2004.

Paul B. Anderson Charter Division

Paul B. Undane



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097