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BLACKACRE

mortgage corp

Andrew Lockwood, Esq. Principal

1801 North Pine Island Road, Suite 102 Plantation, Florida 33322

Phone: 954.236.4500 ext 202 • Fax: 954.337.0916 andy@blackacremortgage.com • www.blackacremortgage.com

(City/State/Zip/Phone #)

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SECRETARY OF STATE ALAHAROTE, FLORIDA



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FILED

RESPENSABLY OF STATE



Date:

8/23/04

From:

Andrew Lockwood, Esq.

To:

Leilani White

Subject:

Application for Foreign LLC

Notes:

Please file the attached. We do not need a certified copy. As usual, please send the invoice to me at the below address.

See business crit



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

SECRETARY OF STATE

September 2, 2004

BLACKACRE MORTGAGE CORP. 1801 NORTH PINE ISLAND ROAD SUITE 102 PLANTATION, FL 33322

SUBJECT: DIAP LLC

Ref. Number: W04000033348

We have received your document for DIAP LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

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).

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 904A00053334



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 21, 2004

BLACKACRE MORTGAGE CORP. 1801 NORTH PINE ISLAND ROAD SUITE 102 PLANTATION, FL 33322

SUBJECT: DIAP LLC

Ref. Number: W04000033348

FILED

ZEN SEP 30 P 3 43

MELANTARY OF STATE

MELANTARY OF STATE

A SECONDARY OF STATE

We have received your document for DIAP LLC. However, the document has not been filed and is being returned for the following:

Please list the name of the manager or managing member in section 9.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 904A00055661

Agnes Lunt Document Specialist

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

(Name of foreign limited liability company) NEW YORK NEW YORK 1 1 - 3 7 11 45 4 (FEI number, if applicable) Total of Organization) 1 2 0 1 2004 (Date of Organization) 1 1 1 20 4 2004 (Date of Organization) 1 1 1 20 4 2004 (Date of Organization) 1 1 1 20 4 2004 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) COST FONTHIN CIR S CARC WATH FC 33467 (Street address of principal office) Climited liability company is a manager-managed company, check here S the name and usual business addresses of the managing members or managers are as follows: CST FONTHIN CIRES CARC WATH FC 33467 CORT AND CIRES CORT AND CIRES CARC WATH FC 33467 CORT AND CIRES Signature of a member or an abithorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjory that the facts stated herein are true.) STONE AND CIRES TO NA HOLDS Signature of a member or an abithorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjory that the facts stated herein are true.) STONE AND CIRES TO NA HOLDS TO NA H		MPANT IO IRANSACI BU	YALLAN COMMEN	SIALE OF PLON	LIAL	O REGISTER A FO
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CERTIFICATE OF DESIGNATION OF FILED REGISTERED AGENT/REGISTERED OFFICE

2004 SEP 30 P 3: 44
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:
2. The name and the Florida street address of the registered agent and office are:
ANDREW COCKWOOD (Name)
(Name)
1801 N PINE ISCAND RIS # 102
Florida street address (P.O. Box NOT ACCEPTABLE)
PLANTATION FL 33322 City/State/Zip
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
Andw Porks
(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 New York Department of State

I hereby certify, that DIAP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/21/2004, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of July two thousand and four.

Secretary of State

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