M04000004313

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: 6/27

100003306151--5 -06/27/00--01026--028 ****125.00 ****125.00

(XXX)Walk in	(XXX)Pick-up	()Will Wait	
()Certified Copy ()arts/ameds/mergers ()Other-	()Photocopies See Above	()cus	&
***Special Instructions**	•	H STA	
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	()UBR ()Fititious Name	~ <u>~</u>	3 7 (2) 1227 = M
()Foreign KLLC	()Dissolution ()Withdrawal	()Mark	^ R (a/2
()Profit ()Nonprofit	()Amendment	()Merger	
Home Conne	cts Lending Se	rvices, LLC	
	Corporation(s) Name	****125.00	****125.00

DEPARTEMENT OF STATE DIVISION OF CORPORATIONS TALL AHESSEE, FLORIDA

42:01 MA TS MUL 00

RECEIVED

Please Return Filed Stamped Copies To:

Carol Clark

Thank You!



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	Home Connects Lending Services, LLC
••.	(Name of foreign limited liability company)
2	Delaware 3. 23-3036161 Turisdiction under the law of which foreign limited liability (FEI number, if applicable)
à	company is organized)
4.	March 24, 2000 (Date of Organization) (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.	200 Lakeside Drive, Suite 218, Horsham, PA 19044
	(Street address of principal office)
8.	If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows:
9.	The usual business addresses of the managing members or managers are as follows:
	(Street address of principal office) If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows: 100 Witmer Road, Post Office Box 963, Horsham, PA 19044-0963
	. ,
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havingodystof records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foraignalge, a instation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: title services
	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.)

Bruce Bowen, Secretary, GMACRH Settlement Services, Inc.,
Typed or printed name of signee Managing Member

FL057 - 11/1/99 C T System Online

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.

Home Connects Lending		
2. The name and the Florida street	address of the registered agent and office are:	SECTION TO
CT Corporation System	1	
	(Name)	
•	ttem, 1200 South Pine Island Road treet address (P.O. Box NOT ACCEPTABLE)	TATE STATE
Piantation	FL 33324	,
	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.

C T Corporation System

VICTOR A. DUVA
Assistant Vice President

The name of the I imited I ishility Company is

\$ 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 Delaware Office of the Secretary of State

PAGE I

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOME CONNECTS LENDING SERVICES,

LLC" IS DULY FORMED UNDER_THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF_THE TWENTY-FIRST DAY OF JUNE,

A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

00 JUN 27 PM 12: 28
SECRETARY OF STATE
TART ANASSES STORIO



Edward J. Freel, Secretary of State

3200861 8300

AUTHENTICATION:

0513113

001316206

DATE:

- 06-21-00