

M04000004396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

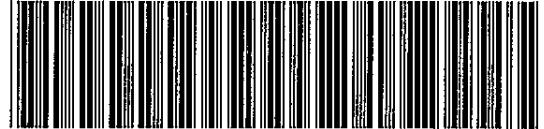
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04 OCT 14 PM 2:38
TALLAHASSEE, FLORIDA
DIVISION OF REVENUE
STATE OF FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hanson Place
Tallahassee, Florida 32301
Voice: (850) 942-5464 Fax: (850) 942-5111
www.floridacompliance.com

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AF Capital Resources LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 10-15 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☒	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Adopted FLA NAME to comply with restrictions on the use of "Federal".

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

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

1. ATLANTIC FEDERAL MORTGAGE, L.L.C.
doing business in Florida as AF CAPITAL RESOURCES LLC
(Name of foreign limited liability company)

2. Connecticut
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 06-1433719
(FEI number, if applicable)

4. 9/8/1995
(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. 1 Treadwell Avenue
Westport, CT 06880
(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:

Christine Bolella-Wendell

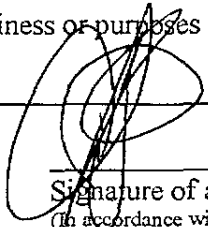
Leslie Stone

Atlantic Federal Mortgage, L.L.C., 1 Treadwell Avenue

Westport, CT 06880

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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. Nature of business or purposes to be conducted or promoted in Florida: Mortgage Brokerage


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.)

Christine Bolella-Wendell

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, 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:

Atlantic Federal Mortgage, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Florida Compliance Specialists, Inc.

(Name)

2331 Hansen Place

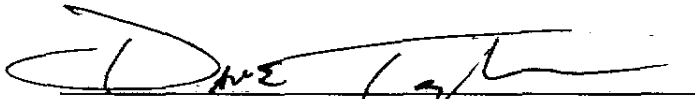
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 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)

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

\$ 125.00 Dept. of State

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

ATLANTIC FEDERAL MORTGAGE, L.L.C.

is in existence.

A handwritten signature in cursive script, reading "Susan Biquarney", is written over a horizontal line.

Secretary of the State

Date Issued: September 30, 2004