# M0400005624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



500042977065

D4 DEC 22 PM 2: 10

THE SECTION OF THE OCKNOWN AND ADDRESS OF THE OC

SECRETARY (TO ATE

OF DEC SS By S: 11



ACCOUNT NO. : 072100000032

REFERENCE: 095150

AUTHORIZATION :

, -----

5142120

COST LIMIT : \$ 125.00

ORDER DATE: December 20, 2004

ORDER TIME: 10:23 AM

ORDER\_NO. : 095150-010

CUSTOMER NO: 5142120

CUSTOMER: Ms. Suzi Gruver-macx2401-06p

Wells Fargo Home Mortgage

1 Home Campus

Des Moines, IA 50328-0001

#### FOREIGN FILINGS

NAME: FIRST FOUNDATION MORTGAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

#### 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 FOUNDATION MORTGAGE, LLC (Name of Foreign Limited Liability Company) 02-0638429 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) AUGUST 20, 2002 (Date of Organization) (Duration: Year limited liability company wil exist or "perpetual") UPON FILING (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) ONE HOME CAMPUS, MAC# X2401-049 DES MOINES, IA 50328-0001 (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: WELLS FARGO VENTURES, LLC ONE HOME CAMPUS, MAC# X2401-06T DES MOINES, IA 50328-0001 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: RESIDENTIAL MORTGAGE LENDING Daker 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.)

KAROLYN BAKER, AUTHORIZED REPRESENTATIVE

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 Liability Company is:			
<del></del>	FIRST FOUN	DATION MORTGAGE, LLC	
2. The name	and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Company		
		(Name)	
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301	
	<u> </u>	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.

Corporation Service Company

By: Muli Main, Ast Sec.

(Signature)

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

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST FOUNDATION MORTGAGE, 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 TWENTIETH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST FOUNDATION MORTGAGE, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Warriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3564891

DATE: 12-20-04

3537148 \_8300

040923549