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(Re	questor's Name)						
(Address)							
(Address)							
(City	y/State/Zip/Phone	<i>→</i> #)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							





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DIVERSITE CORPORATIONS

DIVERSITE CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 15+ ATLANTIC MONTGAGE LLC (Name of Limited Liability Éompany)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following: TALI RAPHAELY (Name of Person) 154 ATLAMIC AOMIGAGE, LLC
TALI RAPHAELY (Name of Person)
(Name of Person) 무구 로
15th ATLANTIC MONTGAGE, LLC (Firm/Company)
(Firm/Company)
1777 REISTENSTOWN ROAD SLITE A-12 (Address)
BALTMONE MANYLAND 21208 (City/State and Zip Code)
For further information concerning this matter, please call:
TALI RAPHAELY at (443) 794.4717 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

of Status & Certified Copy

 \square \$130.00 Filing Fee & $\ \square$ \$155.00 Filing Fee & $\ \square$ \$160.00 Filing Fee, Certificate

Certified Copy

Certificate of Status

Tallahassee, Florida 32399

□ \$125.00 Filing Fee

Enclosed is a check for the following amount:

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. 1 St ATLANTC AURTHAGE LLC (Name of Foreign Limited Liability Company)
2. Marylard (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-1560271 (FEI number, if applicable)
4. 2/31/04 (Date of Organization) 5. Curation: Year limited liability company will ease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1777 REISTENSTOWN LAD, SLITE A 12
BALAMONE, MANYLAND 21208 (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: TALI RAP HAELY
MATTHEW L BERGER
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:
MONTAGE LENDING & MONTAGE Broken SENVICE
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.)
TALI JAPHAELY Typed or printed name of signee
Typed or printed name of signee

CERTIFICATÉ 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.

		ility Company is:			
1 5+	ATLANIC	MONTENSK.	LLC		10000000000000000000000000000000000000
2. The name an	d the Florida stre	et address of the regi	stered agent	and office are	are.
	NRAI	SERVICES (Name)	WC.		SEE, PLORE
		EXECUTIVE		Dalve	SUITE # PERSON
	Florid	a Street Address (P.O. B	X NOT ACCE	PTABLE)	<u>. </u>
	~	estow F	: L 33:	331	
		City/Sta	te/Zip		
liability company, agent and agree : relating to the problems of my NRAI Se	oat the place design to act in this capa oper and complete	city. I fulther agree u e performance of my a tered agent as provide	ite, I hereby o a comply with luties, and I o	accept the app h the provision am familiar wi	ointment as registered as of all statutes ith and accept the

\$ 100.00 Filing Fee for Application
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
5 5.00 Certificate of Status (optional)

(Signature)

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 IST ATLANTIC MORTGAGE, 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 MARCH 29, 2005.

Paul B. Anderson Charter Division

Paul B. Underen

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DIYAJCA GE CORPORATIONS
DIYAJCA GE CORPORATIONS



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