M05000001991

00789-00524-92827-001276-001671 forms

(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:
FF\$ 160.00

Office Use Only

Cololina.



500048745955

04/15/05--01003--011 **72.50

MJH

03/30/05--01017--004 **87.50

05 AFR 12 FY 4: 15



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2005

BRAD DAVIS CITYSIDE MORTGAGE GROUP LLC 568 VINTAGE POINTE RUN MABLETON, GA 30126

SUBJECT: CITYSIDE MORTGAGE GROUP LLC

Ref. Number: W05000016662

We have received your document for CITYSIDE MORTGAGE GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to Qualify this Foreign Limited Liability Company to transact business in Florida, the form submitted is for a Corporation.

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).

There is a balance due of \$72.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 705A00022366

TRANSMITTAL LETTER

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:
Bradley E. Davis (Name of Person)
City Side MortSage Gro-P (Firm/Company)
568 Vintage Pointe Kun (Address)

SUBJECT: Cityside Mortgage Group LCC
(Name of Limited Liability Company)

For further information concerning this matter, please call:

(Name of Person) at (678) 527 5100 (Area Code & Daytime Telephone Number)

Mableton, 6A 30/26
(City/State and Zip Code)

STREET ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

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 RE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GISTER A	1 FORI	EIGN
1. City side Mortagage Group LLC (Name of Foreign Limited Liability Company)			-
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20 1777 510 (FEI number, if applicable)			
4. Out, 77 2004 (Date of Organization) 5. Publical (Duration: Year limited liability company exist or "perpetual")	will cease	to	-
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u> </u>		- •
7. <u>now-</u> 568 Vintage P+ Rim Mableton, 6A	301	26	
May 15+ 1640 Powers Ferry Rd Bldg & Stc (Street Address of Principal Office)	100 .	<u>m</u> a	nct 300
8. If limited liability company is a manager-managed company, check here 🗹	0	<i>У</i> Ч <u> </u>	SO()
9. The name and usual business addresses of the managing members or managers are as follows: BRAD DAVIS S68 Lintage Pt Run Madicton, 6A	V =	<u> </u>	6
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign 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:	ı language,	,a	sin
110 Transite of easiliests of parposes to be confidence of promoted in Florida.) c	05/	
72 11		-FPR	"T]
Bradley E. Davi Signature of a member or an authorized representative of a member.	; :.	2	
(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.)		7	
Bradley G. DAVIS			
Typed or printed name of signee	***	C)	

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.

2. The name and the Florida street address of the registered agent and office are:
Loop Direct Agents, Inc
Fiorida Strees Address (P.O. Box NOT ACCEPTABLE)
Tallahassas FL 32301

CITUSIDE MOTTGAGE GOUP LLC

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.

(Signature)

1. The name of the Limited Liability Company is:

5 100.00 Filing Fee for Application
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
6 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: 0464113
EFFECTIVE DATE: 10/25/2004
JURISDICTION: GEORGIA
REFERENCE: 0044
PRINT DATE: 11/02/2004

FORM NUMBER : 356

ADAM M. SLIPAKOFF, ESQ. 506 ROSWELL STREET SUITE 320 MARIETTA, GA 30060

CERTIFICATE OF ORGANIZATION

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CITYSIDE MORTGAGE GROUP, LLC A GEORGIA LIMITED LIABILITY COMPANY

has been duly organized under the laws of the State of Georgia on the effective date stated above by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Cathy Cox Secretary of State