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From:

Account Name : MORAN & SHAMS, P.A.

Account Number : I2000000003 Phone : (407)841-4141 Fax Number : (407)841-4148

FOREIGN LIMITED LIABILITY COMPA

Govell Funding Group, LLC

Certificate of Status	0
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Page Count	02
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Corporate Filing



FLORIDA DEPARTMENT OF STATE Glends E. Hood Secretary of State

March 11, 2005

MORAN & SHAMS, P.A.

SUBJECT: GOVELL FUNDING GROUP, LLC

REF: W05000012683

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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Jason Merrick Document Specialist FAX Aud. #: 805000060066 Letter Number: 905A00016916 (((н50000060066 3)))

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

	DLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA- Gove 11 Funding Group, LLC
٠٠	(Name of Foreign Limited Liability Company)
	Connecticut
750	sdiction under the law of which foreign limited liability (FEI number, if applicable)
CON	pany is organized)
	Sept. 22, 1990 5. Perpetual
	(Dute of Organization) (Duration: Year limited liability company will coase to exist or "perpetual")
•	existing Testernary
_	Mare first tennesated business in Vanida if sales to their ten
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
_	
	916 Highland Ave. Orlando, FL 32803
	(Street Address of Principal Office)
n	e name and usual business addresses of the managing members or managers are as follows: Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460
n -	
n	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460
T1	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460
_	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460
At	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460 school is an original certificate of existence, no more than 90 days old, this sufficient by the official having custody of records in diction under the law of which his organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under ceth of the translator must be submitted.)
Att	Peter A. Gravelle 394 New Haven Ave. Milford, CT 06460 school is an original cartificate of existence, no more than 90 days old, this sufficient by the official having custody of records indicated by the official having custody of records in diction under the law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a foreign language, a
At	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460 school is an original certificate of existence, no more than 90 days old, this sufficient by the official having custody of records in diction under the law of which his organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under ceth of the translator must be submitted.)
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- At	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460 ached is an original cartificate of existence, no more than 90 days old, duly sufficiently the official having custody of records) diction under the law of which his organized. (A photocopy is not acceptable. His excentificate is in a foreign language, a on of the conflicate under cath of the translator must be submitted.) atture of business or purposes to be conducted or promoted in Florida:mortgage_brokerage_servi
. At	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460 ached is an original cartificate of existence, no more from 90 days old, duly sufficiently the official baving costody of excellent under the law of which his organized. (A photocopy is not acceptable. Hithe cartificate is in a fireign language, a on of the cartificate under cash of the translator must be submitted.) ature of business or purposes to be conducted or promoted in Florida:mortgage_brokerage_services of business or purposes to be conducted or promoted in Florida:mortgage_brokerage_services of a member. (In accordance with section 608,408C), F.S., the execution of 608 document constitutes.
- At	Pater A. Gravelle 394 New Haven Ave. Milford, CT 06460 achod is an original cartificate of existence, no more than 90 days old, duly suffernicated by the official having custody of records diction, under the law of which his organized. (A photocopy is not acceptable. If the cartificate is in a fireign imprage, a on of the conflicate under ceth of the translator must be submitted.) atture of business or purposes to be conducted or promoted in Florida:mortgage brokerage service. Signature of a member or an authorized representative of a member.

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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.

FLORIDA.	
1. The name of the Limited Liability Company is:	
Govell Funding Group, LLC	
2. The name and the Florida street address of the re	gistered agent and office are:
FLAGSHIP M	ortgage of Central Flo
916 High LANG Florida Street Address (P.O	, Ave.
Florida Street Address (P.O	BOX NOT ACCEPTABLE)
ORCANOLO	32803
City	FL 32803 State/Zip
liability company at the place designated in this certification agent and agree to act in this capacity. I further agree relating to the proper and complete performance of mobilizations of my position as registered agent as proved.	e to comply with the provisions of all statutes by duties, and I am familiar with and accept the
(Signature))
	් : : : : : : : : : : : : : : : : : : :
	Fee for Application
	nation of Registered Agent led Copy (optional)
	icate of Stafus (optional)

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MORANESHAMS PA

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63-66 Nov. 2/94 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

GOVELL FUNDING GROUP, L.L.C.

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on September 22, 2000 and is in existence as of the date of this certificate.

Secretary of the State

Date Issued: March 14, 2005