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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

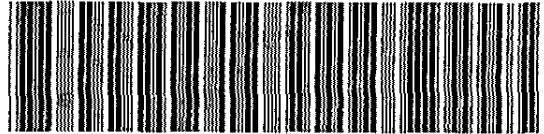
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FILED

05 MAY 10 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAY 10 PM 4:00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 363843 8739A

AUTHORIZATION

Patricia Pizote

COST LIMIT : \$ 125.00

ORDER DATE : May 10, 2005

ORDER TIME : 3:34 PM

ORDER NO. : 363843-005

CUSTOMER NO: 8739A

CUSTOMER: Ms. Bonnie J. Phillips
Siegel Lipman Dunay &
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

FILED
05 MAY 10 PM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: STRUCTURED ASSET MANAGEMENT,
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: Sarah Crutchfield -- EXT# 2921

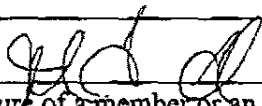
EXAMINER: _____

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. STRUCTURED ASSET MANAGEMENT, LLC
(Name of Foreign Limited Liability Company)
2. NEVADA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2812333
(FEI number, if applicable)
4. 05/05/05
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING OF THIS APPLICATION.
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486
(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:

<u>MONSALVE FINANCIAL HOLDINGS, INC.</u>	<u>PMI PARTNERS, LLC</u>
<u>401 NE MIZNER BLVD. #801</u>	<u>1515 S. FEDERAL HIGHWAY #103</u>
<u>BOCA RATON, FL 33432</u>	<u>BOCA RATON, FL 33432</u>
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: CONSULTING


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.)
JONATHAN L. SHEPARD, 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:

STRUCTURED ASSET MANAGEMENT, LLC

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

JONATHAN L. SHEPARD

(Name)

5355 TOWN CENTER ROAD, SUITE 801

Florida Street Address (P.O. Box NOT ACCEPTABLE)

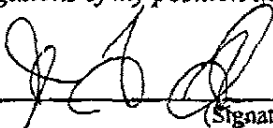
BOCA RATON

FL

33486

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.



(Signature)

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STRUCTURED ASSET MANAGEMENT, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 5, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 5, 2005.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, reading "Melanie Magallon".

Certification Clerk