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(Address)

(City/State/Zip/Phone #)

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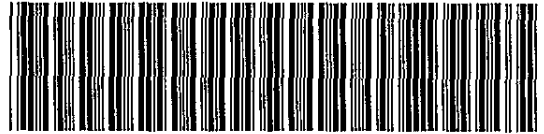
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEDICATED MORTGAGE ASSOCIATES, LLC  
(Name of Limited Liability Company)

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:

DAVID E. HOLDING  
(Name of Person)

DEDICATED MORTGAGE ASSOCIATES, LLC  
(Firm/Company)

1 CROSSWOODS PATH BLVD, SUITE 2A  
(Address)

MERRIMACK NH 03811  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HOLDING at (603) 472-1100  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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 & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. DEDICATED MORTGAGE ASSOCIATES LLC  
(Name of Foreign Limited Liability Company)

2. New Hampshire 3. 02-0519785  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 9, 2000 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. AFTER REGISTRATION  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1 CROSSWOODS PATH BLVD SUITE 2A  
MEADIMACK NH 03811  
(Street Address of Principal Office)

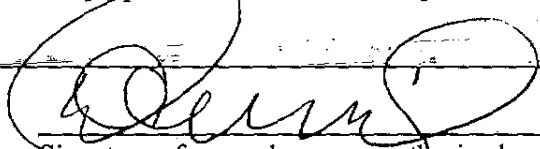
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

DAVID HOLDING 1 CROSSWOODS PATH BLVD, SUITE 2A MEADIMACK NH  
03811

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: MORTGAGE BROKER

  
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.)

DAVID HOLDING  
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:

DEDICATED MORTGAGE ASSOCIATES LLC

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

MICHAEL WOODS

(Name)

14702 BUCKINGHAM GATE COURT

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

ORLANDO

FL

32828

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.*

Michael C. Woods

(Signature)

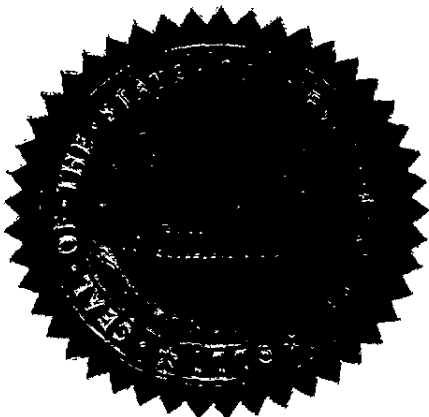
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# State of New Hampshire

## Department of State

### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DEDICATED MORTGAGE ASSOCIATES LLC is a New Hampshire limited liability company formed on August 9, 2000. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 11th day of April, A.D. 2005

*William M. Gardner*

William M. Gardner  
Secretary of State