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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: FORTRESS MORTGAGE & FINANCIAL SERVICES, 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:				
LEO PHILLIPS (Name of Person)				
FORTRESS MORTGAGE & FINANCIAL SERVICES, LLC (Firm/Company)				
1016 W, 7TH ST. STE. 430 (Address)				
AUBURN, IN 46706 (City/State and Zip Code)				
For further information concerning this matter, please call:				
TOE PERRY at (260) 927-0560 (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 Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, Certificate 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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	FORTRESS MORTGAGE & FINANCIAL SERVICES, LLC (Name of Foreign Limited Liability Company)
2. (J	TNDIANA Jurisdiction under the law of which foreign limited liability ompany is organized) 3. T7-0620810 (FEI number, if applicable)
4	(Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.	MA
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1016 W. 7 TH ST. STE. 430
	AUBURN, IN 46706 (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:
	LEO Phillips 1016 W. FTH ST. STE. 430 AUBURN, IN 46706 JOE PERRY 1016 W. FTH ST. STE. 430 AUBURN, IN 46706
	FOF DEPOLI INIL W. FTH ST. STE. 430 AUBURN, IN 46706
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reo jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipies jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Doing Mortgase
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipies jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Doing Mortgase
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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.

2. The name and the Florida stree	et address of the registered agent and office are:
A1A	Registered Agent Inc.
02.5	dberry Rd.
Floride	Street Address (P.Q. Box NOT ACCEPTABLE)
Quin	cy EL 32351
	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)

1. The name of the Limited Liability Company is:

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FORTRESS MORTGAGE & FINANCIAL SERVICES LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 21, 2003, and was in existence or authorized to transact business in the State of Indiana on May 27, 2005.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of May, 2005

TODD ROKITA, Secretary of State

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