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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<i>#</i> )
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A VALON FINANCIAL (Name of Limited	DROUP, LLC d Liability Company)
The enclosed "Application by Foreign Limited Liabil Florida," Certificate of Existence, and check are subnliability company to transact business in Florida	ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matt	er to the following:
James C.	Woodard II of Person)
AVALON FINANCIA (Firm)	Company)
4544 HARDING RD (A)  Nashville TW (City/State	37205
For further information concerning this matter, please	-
James C. Woodard (Name of Person)	at (615) 586-669 (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 &	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

#### 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: (Jurisdiction under the law of which foreign limited liability company is organized) Persectual
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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 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 Business /

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.)

Typed or printed name of signee

Correspondent

## 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.

DING.
THE STATE OF THE S
SEE, FI
- ORDER

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.

\$ 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 Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

JAMES WOODARD 4544 HARDING ROAD NĀŚHVILLE, TN 37205

ISSUANCE DATE: 06/30/2005 REQUEST NUMBER: 05181110 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/12/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0436459 JURISDICTION: TENNESSEE

REQUESTED BY: JAMES WOODARD 4544 HARDING ROAD #211 NĀŠĖVILLE. TN 37205

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "AVALON FINANCIAL GROUP, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.



FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/30/05

FROM: AVALON FINANCIAL GROUP LLC 4544 HARDING RD STE 211

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$0.00

ŇÁSHVÍLLE, TN 37205-0000

FEES \$20.00

\$20.00

RECEIPT NUMBER: 00003767272 ACCOUNT NUMBER: 00460260



RILEY C. DARNELL SECRETARY OF STATE