MU5000004111

(Requestor's Nar	ne)
(Address)	<u></u>
(Address)	
(City/State/Zip/Pl	none #)
PICK-UP WAIT	MAIL MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	
/ 3/1C	

Office Use Only



700057502897







ACCOUNT	TATA		0721	\sim $^{\prime}$	$\sim \sim$	\sim	٦٦	\sim
ACCOUNT.	INIC).	•	10721	111	31313	ιı	1.5	1.

REFERENCE : 503001

AUTHORIZATION : Vatueic lyst

COST LIMIT : \$ 125.00

ORDER DATE : July 25, 2005

ORDER TIME : 3:58 PM

ORDER NO. : 503001-005

CUSTOMER NO: 5142120

CUSTOMER: Deeanna Leporte Mac X2401-05w

Wells Fargo Home Mortgage

1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: TRADITIONS MORTGAGE, 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: Sara Lea -- EXT# 2914

EXAMINER:

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:

1.	Traditions Mortgage, LLC
	(Name of Foreign Limited Liability Company)
(Delaware Jurisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)
4.	(Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 603.501 & 608.502 F.S. to determine penalty liability)
7.	One Home Campus, MAC X2401-049
	Des Moines, IA 50328-0001
	(Street Address of Principal Office)
	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:
	Wells Fargo Ventures, LLC
	One Home Campus, MAC X2401-049
	Des Moines, IA 50328-0001
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i 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:
11	
11	To provide residential mortgage lending.
11	La. D. Baker
11	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

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:				
Traditions	Mortgage, LLC			
2. The name	and the Florida street address of the registered agent and office are:			
	Corporation Service Company			
	(Name)			
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee FL 32301			
	City/State/Zip			
liability comp agent and ag relating to th obligations o	named as registered agent and to accept service of process for the above stated limited pany at the place designated in this certificate, I hereby accept the appointment as registered ree to act in this capacity. I further agree to comply with the provisions of all statutes e proper and complete performance of my duties, and I am familiar with and accept the f my position as registered agent as provided for in Chapter 608, Florida Statutes. tion Service Company (Signature)			

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRADITIONS MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADITIONS MORTGAGE, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4043765

DATE: 07-25-05

3992454 8300

050610742