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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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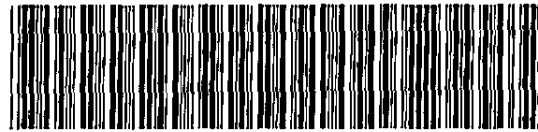
(Business Entry Name)

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05 JUL 26 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 506334 7471853

AUTHORIZATION :

COST LIMIT : \$ 160.00

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05 JUL 26 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 26, 2005

ORDER TIME : 3:21 PM

ORDER NO. : 506334-005

CUSTOMER NO: 7471853

CUSTOMER: Cathy Newman
Perlman, Yevoli & Albright,
Suite 250
1500 N. Federal Highway
Ft. Lauderdale, FL 33304

FOREIGN FILINGS

NAME: TOTAL MORTGAGE PROTECTION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

LIST

EXAMINER: _____

FILED
05 JUL 26 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. TOTAL MORTGAGE PROTECTION, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. applied for
(FEI number, if applicable)
4. June 24, 2005
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. not applicable
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6685 Forest Hill Boulevard, Suite 211, West Palm Beach, Florida 33413

(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:
Wayne Jenkins, Managing Member, 6685 Forest Hill Boulevard, Suite 211, West Palm Beach, Florida 33413

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: any lawful business or purpose

Jason E. Perlman, atty in fact
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.)

Jason E. Perlman, Esq.

Typed or printed name of signer

**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:

TOTAL MORTGAGE PROTECTION, LLC

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

Perlman, Yevoli & Albright, P. L., c/o Jason E. Perlman, Esq.

(Name)

1500 North Federal Highway, Suite 250

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

Fort Lauderdale FL 33304

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)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TOTAL MORTGAGE PROTECTION, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2005, AT 1:53 O'CLOCK P.M.



3991099 8100

050529374

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3977793

DATE: 06-24-05