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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Beacon Mortgage Company, L	LC	
(Name of Limited Liab		
The enclosed "Application by Foreign Limited Liability Co Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida		
Please return all correspondence concerning this matter to t	he following:	
Walter W. Vail		
(Name of Pe	rson)	
Beacon Mortgage Company, LLC		
(Firm/Comp	any)	
889 Elm S	treet	
(Address)		
Manchester, NH	03101-2019	
(City/State and Z	(ip Code)	
For further information concerning this matter, please call:		
	603) 606–5201 ea 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:		

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

☐ \$125.00 Filing Fee

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.	Beacon Mortgage Company, LLC (Name of Foreign Limited Liability Company)		
2.	New Hampshire (Jurisdiction under the law of which foreign limited liability company is organized) 3. 02-0488057 (FEI number, if applicable)		
4.	(Date of Organization) 5. SELETURE (Duration: Year limited liability company will cease to exist or "perpetual")		
6.			
•	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	889 Elm Street		
	Mancheston NH 07101 2010		
	(Street Address of Principal Office)		
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here Company Comp		
9.	The name and usual business addresses of the managing members or managers are as follows:		
	Walter W. Vail 889 Elm St., Manchester, NH 03101-2019 Managing Membe		
th	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.)		
11	. Nature of business or purposes to be conducted or promoted in Florida:		
	Mortgage Lender/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.)		

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:				
Beacon Mortgage Company, LLC				
2. The name and the Florida street address of the registered agent and office are:				
CT Corporation System	DIVISION 05 AUG			
(Name)	AUG			
1200 South Pine Island Ro	oad START			
Florida Street Address (P.O. Box NOT ACCEP	RABLE) P RPOR AN			
Plantation Island,	PARLE) PARATIONS PARATIONS			
City/State/Zip	J27			

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.

TRACI HOUCK SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

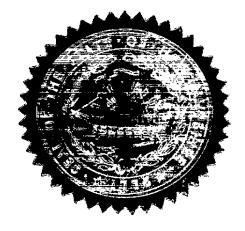
\$ 30.00 Certified Copy (optional)

\$ 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 BEACON MORTGAGE COMPANY, LLC is a New Hampshire limited liability company formed on APRIL 1, 1996. 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 18TH day of MAY, A.D. 2005

William M. Gardner Secretary of State