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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2005

LAUREEN O. POMPILLI ABR MORTGAGE, LLC 189 BOSTON POST ROAD WEST HAVEN, CT 06516

SUBJECT: ABR MORTGAGE, LLC Ref. Number: W05000036924

We have received your document for ABR MORTGAGE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 505A00050328

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

(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:

Laureen O. Pompili	
(Name of Person)	F 02
ABR Mortgage, LLC	OS AUG T
(Firm/Company)	S.E. 0
189 BOSTON POST ROAD	EFF ST
(Address)	38 38
West Howen, CT 06516	_
(City/State and Zip Code)	

For further information concerning this matter, please call:

(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 P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy S125.00 Filing Fee 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: (Name of Foreign Limited Liability Company) 3. ____ (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company $\frac{5-4-2005}{\text{(Date of Organization)}}$ 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) POST 189 BOSTON (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: O. Pompilli Laureen POST ROAD WEST HAVEN, CT OGIIG 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 extificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: MORTGAGE BROKERAGE DUSINESS

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.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

Lauren

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.

ABR Mortgage, 66c	·
2. The name and the Florida street address of the registered agent and office are:	Fu 8
Manuel Vincent Madero (Name)	AUG 19
Florida Street Address (P.O. Box NOT ACCEPTABLE)	MID: 38
Keybiscaye FL 33149-1320 City/State/Zip	D

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.

Mancel V. Madero
(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)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

ABR MORTGAGE, LLC

is in existence.

Secretary of the State

Date Issued: July 21, 2005

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