

### Florida Department of State

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Fax Number : (850)205-0383

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA

Account Number: I20010000135 : (561)586-3645 Phone

Fax Number : (561)586-6335

## FOREIGN LIMITED LIABILITY COMPANY

### Associate Mortgage LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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PPLICATION BY FOREIGN: IMITED LIABILITY COMPANY F

## 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:

Associate Mortgage, LLC

(Name of foreign limited liability company)

2. Connecticut

(Jurisdiction under the law of which foreign limited liability company is organized)

3. .202447395

(FEI number, if applicable)

4. <u>02-25-2005</u>

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. When qualified

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 43 lvy Lane

Newington, CT 06111

(Street address of principal office)

- 8. If Limited Liability Company is a manager-managed company, check here [X]
- 9. The name and usual business addresse(s) of the managing member(s) or manager(s) are/is as follows:

Jeffrey S. Dorman, Managing Member 43 lvy Lane

Newington, CT 06111

- 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.
- 11. Nature of business or purposes to be conducted or promoted in Florid Mortgage Brokerage

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.)

Jeffrey S. Dorman, Managing Member

Typed or printed name of signee

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# 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:

#### Associate Mortgage, LLC

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

Compliance Consulting Corporation of Florida 1013 Lucerne Avenue, Suite 201 Lake Worth, FL 33460

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, F.S.

(Signature) Jan Martin

SECRETARY OF STATE

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61-65 Reu 2/94 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

### ASSOCIATE MORTGAGE, LLC

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on February 25, 2005 and is in existence as of the date of this certificate.

Secretary of the State

Date Issued: September 14, 2005

FILED

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SECRETARY OF STATE

SECRETARY OF STATE