M05000005380

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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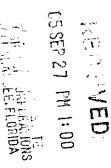


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FILED

05 SEP 27 PM 3: 25

SECRETARY OF STATE
SECRETARY OF STATE





ACCOUNT NO. : 072100000032

REFERENCE: 6176

617604 51421:

AUTHORIZATION :

latticie 19

COST LIMIT : \$ 125.00

ORDER DATE: September 26, 2005

ORDER TIME : 12:03 PM

ORDER NO. : 617604-005

CUSTOMER NO: 5142120

CUSTOMER: Deeanna Leporte-mac X2401-05w

Wells Fargo Home Mortgage

1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: CAPSTONE HOME MORTGAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: ____

SECRETARISE CHANGE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO	5
TRANSACT BUSINESS IN FLORIDA	
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TO PLANTS
1 Capstone Home Mortgage, LLC	20
(Name of Foreign Limited Liability Company)	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Delaware 3	ري کي ا
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	BET OF
4. 8/23/05 5. Perpetual	Y
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. upon qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 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)	
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:	
Wells Fargo Ventures, LLC	
One Home Campus, MAC X2401-049	
Des Moines, IA 50328	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording 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.)	ls in
11. Nature of business or purposes to be conducted or promoted in Florida:	
To provide residential mortgage lending.	٠
Landy Baker	
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.)	
Karolyn Baker, Vice President	

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: Capstone Home Mortgage, LLC		
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301 City/State/Zip	
	Chy/State/2/ip	
liability compar agent and agre relating to the p obligations of n	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. On 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 "CAPSTONE HOME 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-SIXTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPSTONE HOME MORTGAGE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, 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: 4182718

DATE: 09-26-05

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