M05000006188

CC855-00647-
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) M05-6188
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11/7 FOR LC
W05-49112
Office Use Only



700060906367

10/27/05 -010/20--000 **160,00

OS NOV -7 PH 4: 58

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: River City Mortgage & Fina	ncial, LLC				
	ame of Limited Liability Company)				
	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida				
Please return all correspondence concerning this matter to the following:					
Beth Piorkowski					
(Name of Person)					
River City Mortgage & Financ	ial, LLC				
	(Firm/Company)				
1895 Plaza Drive, Suite 250					
	(Address)				
Eagan, MN 55122					
Lagan, Wil OUTEZ	(City/State and Zip Code)				
For further information concerning this	s matter, please call:				
Beth Piorkowski	at (651) 406-5000 ext. 223				
(Name of Person					
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
409 E. Gaines Street	P.O. Box 6327				
Tallahassee, Florida 32399	Tallahassee, Florida 32314				
Enclosed is a check for the following a	mount:				
	Filing Fee & \$\sum \$\\$155.00\$ Filing Fee & \$\sum \$\\$				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2005

BETH PIORKOWSKI RIVER CITY MORTGAGE & FINANCIAL, LLC 1895 PLAZA DRIVE, SUITE 250 EAGAN, MN 55122

SUBJECT: RIVER CITY MORTGAGE & FINANCIAL, LLC

Ref. Number: W05000049112

We have received your document for RIVER CITY MORTGAGE & FINANCIAL, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Letter Number: 205A00065327

Michelle Hodges Document Specialist

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)	
Delaware (Jurisdiction under the law company is organized)	of which foreign limited liability	3(FEI number, if applicable)	
1. <u>08-15-2005</u> (Date of Or	ganization)	5. perpetual (Duration: Year limited liability company exist or "perpetual")	will cease to
(S	Date first transacted business in Flee sections 608.501 & 608.502 F.S	lorida, if prior to registration.) S. to determine penalty liability)	 -
3534 N. Harbor City Bo	ulevard		
Melbourne, FL 32935	(Street Address	s of Principal Office)	
. If limited liability con	npany is a manager-managed	i company, check here 🗹	
		naging members or managers are as follows:	lows:
		days old, duly authenticated by the official havin	
ne jurisdiction under the law o	if which it is organized. (A photocop ler oath of the translator must be sub		
ne jurisdiction under the law or anslation of the certificate un		mitted.)	05 /
he jurisdiction under the law or ranslation of the certificate un	der cath of the translator must be sub	mitted.)	OSMOV.

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 i	s:	
River City Mortg	age & Financial, LLC		
2. The name ar	nd the Florida street address of the	e registered agent and office are:	
	Linda L. Cole		
	(Name)	•
3534 N. Harbor City Boulevard Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Melbourne C	FL 32935 ity/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.

Linda L. Cole

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

11-07-05

Delaware The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVER CITY MORTGAGE & FINANCIAL, 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-FOURTH DAY OF

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVER CITY MORTGAGE & FINANCIAL, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4015678 8300

OCTOBER, A.D. 2005.

050867232

Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4247480

DATE: 10-24-05