Ø1/23/2006 16:32 8508785926

CT CORPORATION SYSTM

PAGE 01/05

Florida Department of State Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000019396 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

(850) 222-1092

Phone Fax Number

(850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LOWNHOME FINANCIAL HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUT LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	TES, TE STA	THE FOLLOWING IS SUBMITTED TO REGI ITEOFFLORIDA:	STER A F	POREIGN	
LownHome Financial Holdings, LLC					
(Name of Foreign Limited Liability Company)					
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3	03-0578145 (FEI number, if applicable)	<u></u>	 -	
4. 01/13/2006 (Date of Organization)	5	Perpetual (Duration: Year limited liability company wil exist or "perpetual")	cesse to	-	
6. 04/01/2006 (Date first transacted business in F) (See sections 608.501 & 608.502 F.5	Floridi .S. to	e, if prior to registration.) determine penalty liability)			
7. 2055 Gateway Place, Suite 700, San Jose, CA 95110 (Street Address	ss of P	rincipal Office)		<u> </u>	
8. If limited liability company is a manager-managed					
 The name and usual business addresses of the man Carole McCormick, 2055 Gateway Place, Suite 700, San 30 			3:		
Kathleen Eichten, 2055 Gateway Piace, Suite 700, San Jose	se, C/	A 95110	-, _	_	
Marc A. Geredes, 2055 Gateway Place, Suite 700, San Just	re, CA	95110		_	
10. Attached is an original extificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocy translation of the cutificate under oath of the translator must be solved.)	upyis:	not acceptable. If the certificate is in a floreign la	Fody ofn		
11. Nature of business or purposes to be conducted of	or pr	omoted in Florida:	<u> </u>		
	, F.S.,	prized representative of a member, the execution of this document constitutes that the facts stated benefit are true.)	FLORIDA	AH 10: 24	
Marc Geredes					

Typed or printed name of signee

Attachment

Page 1 of 1

Attachment to Fiorida

Member / Manager Information

1. Full Name:
Member/Manager:
Business Address:
City:

State: ZIP Code:

2. Full Name:
Member/Manager:
Business Address:

City: State: ZIP Code:

 Full Name: Member/Manager: Business Address:

City: State: ZIP Code: Frederick H. Horton

Мападст

12 E. 49th St., Suite 3200

New York NY 10017

Gregory Mount

Manager

4 Manhattanville Road, Suite 201

Purchaso NY 10577

Daniel Sparks Manager

85 Broad Street, 26th Floor

New York NY 10004

06 JAN 23 AM 10: 24
SEL-AMASSES FLORIDA

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	e of the Limited L	iability Company is:	
LownHome Fi	nancial Holdings, LL	<u>c</u>	——————————————————————————————————————
2. The name	e and the Florida s	street address of the registered agent and office are	*
	C T Corporation	2 System	
	, , , , , , , , , , , , , , , , , , , ,	(Name)	
	1200 South Pine	e Island Road	
	F	orida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	
liability compagent and ag relating to th	pany at the place a gree to act in this ca we proper and com of my position as re	ed agent and to accept service of process for the abolesignated in this certificate, I hereby accept the appapacity. I further agree to comply with the provision plete performance of my duties, and I am familiar wing istered agent as provided for in Chapter 608, Flore CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	pointment as registered ns of all statutes ith and accept the
	(Signature)	

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



The First State

I, WARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOWNHOME FINANCIAL HOLDINGS, 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 SEVENTHENTH DAY OF JANUARY, A.D. 2006.

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





4094353 8300

060044220

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4452665

DATE: 01-17-06