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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Sharakeeee al Abia

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Homequest Mortgage Network LLC			
(Name of Limit	ed Liability Company)		
	ility Company for Authorization to Transact Business in emitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	tter to the following:		
Jerome E Van Slavens	Jr		
(Nam	ne of Person)		
Homequest Mortgage Network LLC			
(Fire	n/Company)		
3405 Tucker Wood Ln.			
(.	Address)		
Louisville Ky, 40299			
(City/Sta	te and Zip Code)		
For further information concerning this matter, plea	se call:		
Jerome E Van Slavens Jr	at (502) 643-7969		
(Name of Person)	(Area Code & Daytime Telephone Number)		
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 amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of \$	☐ \$155.00 Filing Fee &		

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 Limite	d Li	iabili	y Con	npany)						-
Kentucky	2	. na								
Jurisdiction under the law of which foreign limited liabilit	, э. У	· <u></u>		(I	El nun	nber, if	applicab	ole)		-
company is organized)										
January 4th 2006	5.	. <u>na</u>								_
(Date of Organization)		() e	Ouration xist or	on: Yea "perpe	r limite tual")	ed liabil	ity comp	any will co	ase to	
								TA SE	90	
(Date first transacted business in (See sections 608.501 & 608.502)	Flor F.S.	rida, to de	if prio termir	r to reg ne pena	istratio ty liabi	n.) ility)		LAH	JAN	_
3405 Tucker Wood Ln	_	_						ASS	8	_ [
Louisville Ky 40299									P	
(Street Addr	ess o	of Pri	ncipal	Office)			LORI	7.3	-
								22,5		
If limited liability company is a manager-manager	ged o	com	pany.	, chec	c here			DA A	. +-	
If limited liability company is a manager-manage. The name and usual business addresses of the manager.							are as	Ä	•	
							are as	Ä		-
The name and usual business addresses of the m	90 d	lays o	g men	nbers	or ma.	nagers	official ha	follows:		- cor
The name and usual business addresses of the m na Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo	90 de copy	agin;	kd, duk tacce	y auther ptable.	or ma	by the	official ha	follows: aving custo reign langu	iage, a	

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:

Homequest M	ortgage Network LLC		
2. The name :	and the Florida street a	address of the registered agent and office are:	06 JAN 18 SECHALIAHASS
	NRAI Services, Inc.		ASS TO
		(Name)	PR C
	2731 Executive Park	Drive, Suite 4	2: -
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	DE F
	Weston	FL 33331	
		City/State/Zip	
liability compa agent and agre relating to the obligations of NRAI Services By:	my at the place designate to act in this capacity proper and complete party position as registered in the complete party	ent and to accept service of process for the above ated in this certificate, I hereby accept the appoin y. I further agree to comply with the provisions of erformance of my duties, and I am familiar with ed agent as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the
Unnstian Eubai	nks - Asst. Secretary		

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HOMEQUEST MORTGAGE NETWORK, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is January 5, 2006.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11th day of January, 2006.

Certificate Number: 25441 Jurisdiction: THE STATE OF FLORIDA

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to_validate the authenticity of this

certificate.



Trey Grayson
Secretary of State
Commonwealth of Kentucky

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