

M06000000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

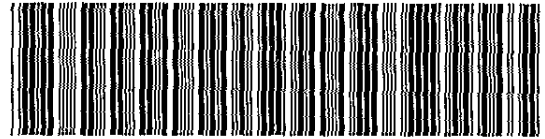
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 JAN 30 PM 1:49

TALLAHASSEE, FLORIDA

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06 JAN 30 PM 4:30

TALLAHASSEE, FLORIDA

J. BRYAN

JAN 31 2006

J. BRYAN

JAN 31 2006

W06-4634



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 840427 81236A

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE : January 30, 2006

ORDER TIME : 3:47 PM

ORDER NO. : 840427-005

CUSTOMER NO: 81236A

FOREIGN FILINGS

NAME: HOMELIFE FINANCIAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Fordyce -- EXT#2936

EXAMINER: \_\_\_\_\_

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2006 JAN 30 PM 1:49  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2006

CSC  
ATTN: JAMELA FORDYCE

SUBJECT: HOMELIFE FINANCIAL, LLC  
Ref. Number: W06000004634

**RESUBMIT**

Please give original  
submission date as file date.

FILED  
2006 JAN 30 PM 1:49  
TALLAHASSEE, FLORIDA

We have received your document for HOMELIFE FINANCIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 706A00006881

RECEIVED  
06 JAN 31 PM 12:52  
DIVISION OF CORPORATIONS

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. HomeLife Financial, LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for  
(FEI number, if applicable)
4. January 19, 2006  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3350 NW Royal Oak Drive  
Jensen Beach, Florida 34957  
(Street Address of Principal Office)

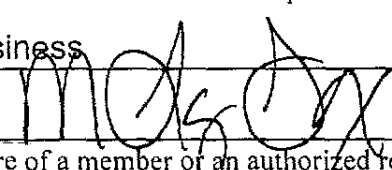
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

<u>Wells Fargo Ventures, LLC</u>	<u>Hallmark Financial Services, LLC</u>
<u>1 Home Campus</u>	<u>3350 NW Royal Oak Drive</u>
<u>Des Moines, IA 50328-0001</u>	<u>Jensen Beach, FL 34957</u>

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. (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.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Any and all lawful business

  
\_\_\_\_\_  
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.)

M. LANNING FOX

Typed or printed name of signee

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2006 JAN 30 PM 1:49  
HALLMARK FINANCIAL SERVICES, LLC  
JENSEN BEACH, 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 of the Limited Liability Company is:

HomeLife Financial, LLC

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

M. Lanning Fox

(Name)

1100 S. Federal Highway

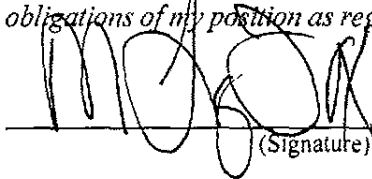
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Stuart

FL 34994

City/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.*

  
(Signature)

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2006 JAN 30 PM 1:49  
TALLAHASSEE, FLORIDA

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

# Delaware

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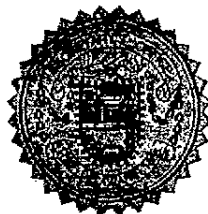
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMELIFE 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 THIRTIETH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMELIFE FINANCIAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2006.

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

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2006 JAN 30 PM 1:49  
TALLAHASSEE, FLORIDA



4041614 8300

060086815

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4485814

DATE: 01-30-06