| | (Requesto | r's Name) | |
|----------------------|-------------|--------------|-----------|
| | (Address) | | |
| | (Address) | | |
| | (City/State | e/Zip/Phone | • #) |
| PICK-UF | · 🗆 | WAIT | MAIL. |
| | (Business | Entity Nar | ne) |
| | (Docume | nt Number) | |
| Certified Copies | | Certificates | of Status |
| Special Instructions | to Filing | Officer: | |
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 861019 5142120

AUTHORIZATION

COST LIMIT V:

ORDER DATE: February 9, 2006

ORDER TIME : 4:18 PM

ORDER NO. : 861019-065

CUSTOMER NO: 5142120

FOREIGN FILINGS

HERITAGE HOME MORTGAGE GROUP, NAME:

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX __ PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:

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:

| | Heritage Home Mortgage Group, LLC | | | | |
|------|---|--|--|--|--|
| | (Name of Foreign Limited Liability Company) | | | | |
| ^ | Delaware 3. | | | | |
| Ī | | | | | |
| 4. | Jurisdiction under the law of which foreign limited liability 2/8/06 5. | | | | |
| | (Date of Organization) (Duration: Year limited liability company will clase to exist or "perpetual") | | | | |
| 5. | 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) | | | | |
| 3. | If limited liability company is a manager-managed company, check here | | | | |
|), | 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 50328-0001 | | | | |
| 10. | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in | | | | |
| | jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under eath of the translator must be submitted.) | | | | |
| rar | | | | | |
| rar. | islation of the certificate under eath of the translator must be submitted.) | | | | |
| rar. | slation of the certificate under cath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: | | | | |
| rar | Nature of business or purposes to be conducted or promoted in Florida: To provide residential mortgage lending. Signature of a member or an authorized representative of a member. | | | | |
| ar | Nature of business or purposes to be conducted or promoted in Florida: To provide residential mortgage lending. | | | | |

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.

| H | Heritage Home Mortgage Group, LLC | <u> </u> |
|----|---|-------------|
| 2. | . The name and the Florida street address of the registered agent and office are: | FIL. |
| | Corporation Service Company | PSSE D F |
| | (Name) | |
| | 1201 Hays Street | LORIE LORIE |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | - प्रति |
| | Tallahassee FL 32301 | |
| | 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.

Corporation Service Company

By: Start Sec.
(Signature)

1. The name of the Limited Liability Company is:

\$ 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 "HERITAGE HOME MORTGAGE GROUP, 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 NINTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERITAGE HOME MORTGAGE GROUP, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2006.

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

2006 FEB 10 AM 9: 22



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4512958

DATE: 02-09-06

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