(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
VISION OF CORPORATIONS



## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Amerifuno Mortgage, LLC (Name of Limited Liability Company)			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
(Name of Person)  HAR - 2 PA SIMIL OF CORPORATIONS  C/O Amerifano Morrgage LL & Amerifano Morrgage LL & Compositions  MAR - 2 PA SIMIL OF CORPORATIONS  C/O Amerifano Morrgage LL & Compositions			
451 BAY Front Place # 5405  NAples, FL 34102  (City/State and Zip Code)			
For further information concerning this matter, please call:			
KAREN S. Wright at (248) 408-1807 (Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			

## 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:
1. Amerifung Morrage LLC (Name of Foreign Limited Liability Company)
2. MICHIGAN  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)  4. 3-17-04  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. None
6. Nowe  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1040 E. Maple Rd
Birmingham, MI 48009 STEP (Street Address of Principal Office)
(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:
Amerifuno Montgage LLC
Amerifuno Montgage LLC  John Lindsey, Bruce Marsh 100th  Managing Members)  1040 E. Maple Dirmingham MI 48009
1040 E. Maple Dirmingham My 48009
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 translation must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Residentia L
Mortgage Lending
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 densities of perjury that the facts stated herein are true.)  Typed or printed name of signee  AREN  Wright  Authorized Representative  for John Kindsey, Member

## 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.

2.	The name and the Florida street address of the registered agent and office are:	
	KAREN S. Wright (Name) Ameritano Mor	DOS TARY DVISON FARY TO TARY TO TARY TO TARY
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<b>₹</b> 886
	Naples FL 34102- City/State/Zip	5/A/L RATIONS 2: 30

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)

1. The name of the Limited Liability Company is:

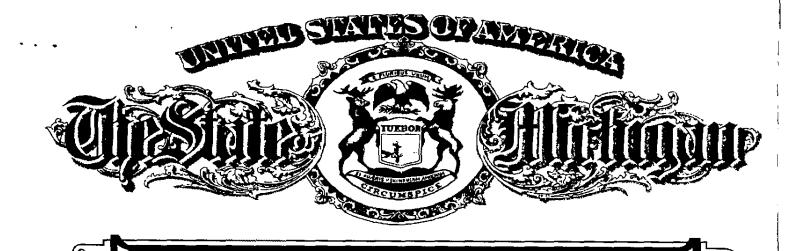
Amerifano Morrgage

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Lansing, Michigan

Michigan Department of Labor & Economic Growth

This is to Certify That

AMERIFUND MORTGAGE, LLC

was validly organized on March 17, 2004 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing bliggions.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of February, 2006

Bureau of Commercial Services

,Director