7006 MAR 10 P 5: 29

	omopyTARY (OF STATE	
(Requestor's Name)	SECRETARY C TALLAHASSIE	FLORIAN	
(Address)			
(Address)		8000674550	18
(City/State/Zip/Phone #)		∂3/10/0501044013	**130,nn
PICK-UP WAIT	MAIL		,
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Sta	itus		
Special Instructions to Filing Officer:			
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		0011			
	stration Section sion of Corporations			2005 MAR 10	P 5: 29
SUBJECT:	Alway	S Hon Vame of Limit	ne Mortgo	IALLAHASSEE	OF STATE VELORIDA
Florida," Cer	I "Application by Foreign rtificate of Existence, and pany to transact business	check are sub	ility Company for Aut	norization to 1 ra	insact Business in
Please return	all correspondence conc	erning this ma	tter to the following:		
	M	iichae (Nan	B. France of Person)	Zier	
	A	1 ways	Home No	rtgage	LLC
	135	019	Cove Road Address)	Suite	207
	Liverpo	(City/Sta	te and Zip Code)	10	
For further is	nformation concerning th	is matter, plea	se call:		
	Pamela De (Name of Perso	lfino	at (315) 3' (Area Code & Day	961469 time Telephone	Number)
Divis P.O.	LING ADDRESS: sion of Corporations Box 6327 hassee, FL 32314		STREET ADDRESS Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	
	a check for the following 25.00 Filing Fee \$1\$130.00	amount: 0 Filing Fee & Certificate of S	\$155.00 Filing Fee & Certified Co		g Fee, Certificate tatus & Certified Copy

	(Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized)	
	10 18 2005 (Date of Organization) 5. N/A (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	NA	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	135 old Cove Road, Suite 207	
	Liverpool, NY 13090	
	(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:	is member
	Michael B. Frazier 50% Hembership	manage
	Michael B. Frazier 50% Hembership Terrell D. Lambert 50% Membership	
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	ords in

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: Montgages

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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.5070FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENTALISEE, FLORIDA.

I. The name of	the Limited Liability Co	ompany is:					
	Always	Home	Morta	age,	LLC		
2. The name an	d the Florida street addr						
	CORPORATE SERVICE	BUREAU INC. (Name)					
515 KAST PARK AVENUE							
Florida Street Address (P.O. Box NOT ACCEPTABLE)							
	TALLAHASSKE	FI		32301			
		City/Stat	e/Lip				

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)

Scott J. Schuster, Pres. of Corporate Service Bureau INc.

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

State of New York Department of State } ss:

I hereby certify, that ALWAYS HOME MORTGAGE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/18/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of February two thousand and six.

200602230339 81

Special Deputy Secretary of State