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(Req	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to F	Filing Officer:	٦
3/24	FORIC	ر

Office Use Only



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DN SERVICE COMPARY.				
ACCOUNT NO. : 072100000032				
REFERENCE : 940254 5142120				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 125.00				
ORDER DATE: March 24, 2006				
ORDER TIME : 12:29 PM				
ORDER NO. : 940254-005				
CUSTOMER NO: 5142120				
FOREIGN FILINGS				
NAME: SUNBELT FUNDING SERVICES, LLC				
XXXX QUALIFICATION (TYPE: LL)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Amanda Haddan EXT# 2955				

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:

Sunbelt Funding Serv	ices, LLC -		·
•	(Name of Foreign I	Limited Liability Company)	
Delaware		3	
(Jurisdiction under the company is organized)	law of which foreign limited I	liability (FEI number, if applie	cable)
1/17/06		5. perpetual	
(Date of	(Organization)	(Duration: Year limited liability cor exist or "perpetual")	mpany will cease to
upon filing	Data finer transacted herein	ness in Florida, if prior to registration.)	
	(See sections 608.501 & 608	8,502 F.S. to determine penalty liability)	
One Home Campus,	MAC X2401-049		
Des Moines, IA 503			
	(Street	t Address of Principal Office)	
If limited liability	company is a manager-m	nanaged company, check here	
The name and usu	ial business addresses of i	the managing members or managers are a	s follows: 💝
Wells Fargo Ventur	es, LLC		
One Home Campus	, MAC X2401-05W		<u></u>
Des Moines, TA 503	28		1,00
e jurisdiction under the l anstation of the certificat	law of which it is organized. (A curder outh of the translator mu	e than 90 days old, duly anthenticated by the official photocopy is not acceptable. If the certificate is in a ust be submitted.) lucted or promoted in Florida:	
 Nature of busine 			_
 Nature of busine To provide residentia 	il mortgage lending.		_

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 508.507. PLORIDA STÄTUTES. THE

	VITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
1. The name of the I	Limited Liability Company is:
Sunbolt Funding Service	s, LLC
2. The name and the	Florida street address of the registered agent and office are:
Con	poration Service Company
,	(Name)
120	1 Hays Street
,	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Taila	hassee FL 32301
	City/State/Zip
liability company at to agent and agree to ac relating to the proper	is registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered in this capacity. I further agree to comply with the provisions of all statutes and complete performance of my duties, and I am familiar with and accept the ition as registered agent as provided for in Chapter 608, Florida Statutes. Company (Signature)

\$ 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 I

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNBELT FUNDING SERVICES, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNBELT FUNDING SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2006.

Warriet Smith Hundson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4616936

TOTHUMITE THE TOTAL

DATE: 03-24-06