# MOGREDO01834

ZOOL MAR 23  SECRETARY (Requestor's Name) TALLAHASSEE	
(Requestor's Name) TALLATIASSEE	, FLORIDA
(Address)	800068506088
(Address)	
(City/State/Zip/Phone #)	Մ. 22/00-րդը30րդ4 - **≀co րդ
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

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TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 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..

Scott A. Spidel
(Name of Person)
Mortgage Money Group, LLC (Firm/Company)
(Firm/Company)
698 Pro Med Lane, Suite 210
(Address)
Carme IN 4603Z (City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

(	Scott A. Spidel (Name of Person)	at (317) 816-1200 (Area Code & Daytime Telephone Number
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**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:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	■\$160.00 Filing Fee, Certificate
•	Certificate of S	status Certified Copy	of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION PD TRANSACT BUSINESS IN FLORIDA

	WAD 22
	2001 MAD APLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER 2ASFORE DLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: "SECRET."
l	MOST GOOD Manue of Floriga Limited Liability Company)
(Juris	Lociona diction under the law of which foreign limited liability (FEI number, if applicable) any is organized)
1	May 12 2004 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
·	698 Pro Med Lane, Suite ZIO
<del></del>	Carnel IN 46032 (Street Address of Principal Office)
TE1:	mited liability company is a manager-managed company, check here
	Scott A. Spidel  698 Pro Med Lane, Suite Zio
	Carmel, IN 46032
	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon liction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	on of the certificate under oath of the translator must be submitted.)
	ature of business or purposes to be conducted or promoted in Florida: Mortgage Brokerage
	ature of business or purposes to be conducted or promoted in Florida: Mortgage Brokerage
	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
	Signature of a member or an authorized representative of a member.

FILED

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 23 P 1: 42

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES LIMITED 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:
Mortgage Money Grap, LLC
2. The name and the Florida street address of the registered agent and office are:
Paul Newy'lle (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Fort Myers FL 33912 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.

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### MORTGAGE MONEY GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 12, 2004, and was in existence or authorized to transact business in the State of Indiana on March 19, 2006.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Nineteenth Day of March, 2006.

TODD ROKITA, Secretary of State

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