# M0600001870

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit)	//State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	<u></u>
Certified Copies Certificates of Status		of Status
Special Instructions to F	Filing Officer:	
FOR UC	·	

Office Use Only





000068642760

03/27/06~-01016~-001 \*\*125.00

SECTION OF STATE
TALLAH (STATE, FLORIDA

16 MLR 27 PM 2: 3



#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Phillips 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:
Leo Phillips (Name of Person)
(Name of Person)
Phillips Mortgage, LLC (Firm/Company)
4203 CR SI BUTLER, IN 46721 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Leo Phillips at (260) 402-4284  (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:  [XIS125.00 Filing Fee  \$\Bigcup \$130.00 Filing Fee & Bigcup \$155.00 Filing Fee & Bigcup \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

	USINESS IN THE STATE C	OF FLORIDA:		
1 Phillips Mortage	ae 11C			
(Name of F	oreign Limited Liability (	Company)		
2. INDIANA (Jurisdiction under the law of which foreign I	3.	76-0809776		
(Jurisdiction under the law of which foreign I company is organized)	imited liability	( FEI number, if applicable	)	
4	5.	PERPETUAL ration: Year limited liability compan		
(Date of Organization)	(Dur exist	ration: Year limited liability compan t or "perpetual")	y will cease to	
6	NA			
(Date first transacte (See sections 608.50	d business in Florida, if p 1 & 608.502 F.S. to deter	rior to registration.) mine penalty liability)		
7 4203 CF	2 51	Z / pal Office)		
Butter	467	21		
POILER, I	(Street Address of Princi	pal Office)		
9. The name and usual business address				
Leo Phillips 1	1016 W. 7TH	ST. STE. 430 AUB	EVEN IN	4670
10. Attached is an original certificate of existence, the jurisdiction under the law of which it is organize	no more than 90 days old, o ted. (A photocopy is not ac	luly authenticated by the official havin	ng custody of reco	
10. Attached is an original certificate of existence, he jurisdiction under the law of which it is organizanslation of the certificate under oath of the transl	no more than 90 days old, o red. (A photocopy is not ac ator must be submitted.)	duly authenticated by the official having ceptable. If the certificate is in a forei	ng custody of reco	ords in
10. Attached is an original certificate of existence, he jurisdiction under the law of which it is organizanslation of the certificate under oath of the transl	no more than 90 days old, o red. (A photocopy is not ac ator must be submitted.)	duly authenticated by the official having ceptable. If the certificate is in a forei	ng custody of reco	ords in
10. Attached is an original certificate of existence, the jurisdiction under the law of which it is organize translation of the certificate under oath of the translation. Nature of business or purposes to be Touring Customers with	no more than 90 days old, o ted. (A photocopy is not ac ator must be submitted.) e conducted or promo	duly authenticated by the official having ceptable. If the certificate is in a forei	ng custody of reco	ords in

### 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.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.
1. The name of the Limited Liability Company is:
PHILLIPS MORTGAGE, LLC
2. The name and the Florida street address of the registered agent and office are:
A1A Registered Agent Inc.
(Name)

92 Sadberry Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Quincy FL 32351

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.

Paul Smith, Paul Smith V.P.

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

06 MAR 27 PH 2: 30
SECRELL OF STATE
TALLAHASSEE, FLORIDA

## 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

#### PHILLIPS MORTGAGE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 14, 2005, and was in existence or authorized to transact business in the State of Indiana on March 11, 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 Eleventh Day of March, 2006.

TODD ROKITA, Secretary of State

2005121900237 / 2006031145068

06 MAR 27 PH 2: 30