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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Old Town Mortgage (Name of Li	e, / (C imited Liability Company)	
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above referenced for	
Please return all correspondence concerning this	s matter to the following:	
Joe Hohma	an	
(1	Name of Person)	-
Old Town M	10-+ qage, CCC Firm/Company)	
	Firm/Company)	
_ 2216 Dundee	Rad Suite 2 (Address)	
Louisville	HY 40205 (State and Zip Code)	
(City/	(State and Zip Code)	7006
For further information concerning this matter, p	please call: ARETAS	TIL. I
Toe Hohman (Name of Person)	at (502) <u>45 2 - 12 0년</u> 등 (Area Code & Daytime Telephone Nu	TI -
MAILING ADDRESS:	STREET ADDRESS:	띧
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\square\$3125.00 \text{ Filing Fee} \square\$\$\$\square\$	•	ee, Certificate s & Certified Copy

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: (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (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) 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: hman and Aaron Byrne ee Road Suite à Louisville, ty Yodos 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, 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: 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.) oe Hohman Typed or printed name of signee

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.

1. The name of the Limited Liability Company is:	
Old Town Mortgage, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Joe Hohman (Name)	-
17545 Front Beach Road, Unit 1102 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Panana City Beach FL 32413 City/State/Zip	-
Huving been named as registered agent and to accept service of process for the above so liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Floriday (Signature)	tent as registered all statutes If accept the

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

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

OLD TOWN MORTGAGE, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is February 28, 2005.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18th day of May, 2006.

Certificate Number: 31280 Jurisdiction: Florida

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to_validate the authenticity of this

certificate.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
31280/0607151