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SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Moltgage Makers UC (Name of Limited Liability Company)	٠
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business 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:	
Joi M. Grady (Name of Person)	
(transport aroun)	
The Moltgage Makers UC (Firm/Company)	-
1815 Belle Point Drive (Address)	
Greenbert, MD 20770  (City/State and Zip Code)	· ·.
For further information concerning this matter, please call:	
Joi M. Grady at (301) 982 - 0808 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone (Namber)	
MAILING ADDRESS: STREET ADDRESS:	1
Division of Corporations Division of Corporations	***
P.O. Box 6327 Clifton Building	m
Tallahassee, FL 32314  2661 Executive Center Circle  Tallahassee, FL 32301	כ
Enclosed is a check for the following amount:  \$\Begin{array}{c} \pm \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	·

#### 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: ame of Foreign/Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) ear limited liability company will cease to (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 \( \sqrt{} \) 9. The name and usual business addresses of the managing members or managers are as follows: 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: 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 608.507, 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:  The Mostgage Makers, UC
2. The name and the Florida street address of the registered agent and office are:
Thomasena J. Mitchell
15376 SW 21 Place Florida Street Address (P.O. Box NOT ACCEPTABLE)
Miramar FL 33027 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.

Thomoseia Mithell
(Signature) Mithell

ZOOD MAY 30 A IO: 17
SECRETARY OF STATE

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT THE MORTGAGE MAKERS, LLC FILED ITS ARTICLES OF ORGANIZATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON NOVEMBER 17, 2005.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 18, 2006.

Paul B. Anderson Charter Division

> SECRETARY OF STATE TALLAHASSEE, FLORIDA

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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410)333-7097

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