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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

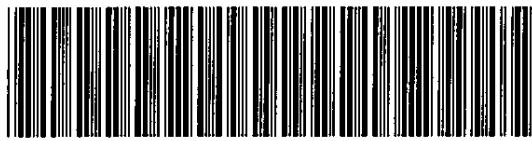
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLETCHER AMERICAN FAMILY PARTNERS, LLC
(Name of Limited Liability Com

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:

TED FLETCHER

(Name of Person)

FLETCHER AMERICAN FAMILY PARTNERS, LLC

(Firm/Company)

3352 N SHORE ACRES LOOP

(Address)

MONTICELLO

IN

47960

(City/State and Zip Code)

For further information concerning this matter, please call:

TED FLETCHER

(Name of Person)

at 6 888 800-4599 EXT 85

(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:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
of Status & 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:*

1. FLETCHER AMERICAN FAMILY PARTNERS, LLC

(Name of Foreign Limited Liability Company)

2. INDIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2008592

(FEI number, if applicable)

4. MARCH 20, 1997

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3352 N SHORE ACRES LOOP

MONTICELLO

IN

47960

(Street Address of Principal Office)

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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:

TED FLETCHER, 3352 N SHORE ACRES LOOP, MONTICELLO IN 47960

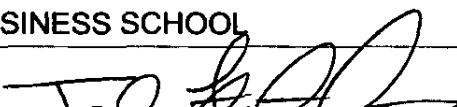
MARITZA FLETCHER, 3352 N SHORE ACRES LOOP, MONTICELLO, IN 47960

ANGE FLETCHER, 3380 N SHORE ACRES LOOP, MONTICELLO, IN 47960

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: _____

MORTGAGE BUSINESS SCHOOL


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.)

TED FLETCHER

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:

FLETCHER AMERICAN FAMILY PARTNERS, LLC

2. The name and the Florida street address of the registered agent and office are:

JILL LOENDORF

(Name)

509 AZALEA BLOSSOM COURT

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

AUBURNDALE

FL 33823

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.

Jill Loendorf
(Signature)

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

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TALLAHASSEE, FLORIDA
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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

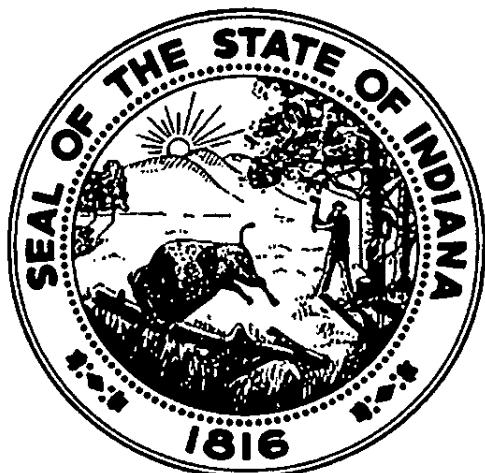
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FLETCHER-AMERICAN FAMILY PARTNERS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 20, 1997, and was in existence or authorized to transact business in the State of Indiana on June 07, 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 Seventh Day of June, 2006.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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