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SECRETARY OF STATE
TALL AHASSEE FI OBIO.

N. Owner JUN 26 2006

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 5 and L Mort	ed Elability Company)				
· · · · · · · · · · · · · · · · · · ·	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited				
Please return all correspondence concerning this matter to the following:					
Charles Let	me of Person)				
5 and L m	Nortaage LLC m/Company)				
3197 Ferns Glen Dr (Address)					
Tallahassee, FL 3a309 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Charles Le Fever (Name of Person)	at (<u>850</u>) <u>445-0352</u> (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: \$\sum \sum \\$125.00 \text{ Filing Fee & Certificate of } \]	\$155.00 Filing Fee & \$\forall \forall				

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

5 and L Mort				
(N	Gage LLC Whe of Foreign Limited L	ighility Company)	,	
O al a a a d a		-		
urisdiction under the law of which	3. i foreign limited liability	(FEI numbe	r, if applicable)	
ompany is organized)		ا ما ما ما ما ما	1	
(Date of Organizatio	<u>n)</u> 5.	(Duration: Year limited I	iability company will	cease to
		exist or "perpetual")	Z S	0
(Date first	t transacted business in Flo	rida, if prior to registration.) to determine penalty liability		<u>JI</u>
	_	to determine penalty liability		FI JUN 2
3197 Ferns	o Glen Dr		SERVICE	LED 2 PH
Tallahassee	FL 32309		FLO FLO	<u> </u>
	(Street Address of	of Principal Office)	ATE	5
f limited liability company is	s a manager-managed .	company check here	a ⇒'''	_
3 ()	<i>DB</i>	Д	•	
The name and usual business	addresses of the mana	ging members or manag	gers are as follows:	
a		- 01		1
Charles Leter	er 3197	terns Glen.	or Ialian	vossee, i
				•
ما خاملی سرطورا	21/4 F	~ <i>O</i> -	- 1141.400.4	ヒ ・ニ
lictor Stabile	3197 Fern	s Glen Dr T	allahossee	<u> </u>
lictor Stabile	3197 Fern	s Glen Dr T	allahossee	FLE
lictor Stabile	3197 Fern	s Glen Dr T	allahossee,	FLZ
			•	
Attached is an original certificate of e	existence, no more than 90 d	ays old, duly authenticated by	the official having custo	ody of record
Attached is an original certificate of e urisdiction under the law of which it	existence, no more than 90 datis organized. (A photocopy	ays old, duly authenticated by	the official having custo	ody of record
Attached is an original certificate of e trisdiction under the law of which it lation of the certificate under oath o	existence, no more than 90 d t is organized. (A photocopy f the translator must be subm	ays old, duly authenticated by is not acceptable. If the certifi itted.)	the official having custo cate is in a foreign lang	ody of reconguage, a
Attached is an original certificate of earisdiction under the law of which it lation of the certificate under oath or Nature of business or purpor	existence, no more than 90 dat is organized. (A photocopy of the translator must be submarts to be conducted or	ays old, duly authenticated by is not acceptable. If the certifi itted.)	the official having custo cate is in a foreign lang	ody of record
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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.

The name of the Limited Liability Company is:	
5 and L Mortgage, LLC	
2. The name and the Florida street address of the registered agent and	d office are:
Charles LeFever	
3197 Ferns Glen Dr. Florida Street Address (P.O. Box NOT ACCEPTA	Tallahassee, FL 32
FL City/State/Zip	
City/State/Zip	
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby accagent and agree to act in this capacity. I further agree to comply with the relating to the proper and complete performance of my duties, and I am obligations of my position as registered agent as provided for in Chapte	cept the appointment as registered he provisions of all statutes familiar with and accept the
CA let	2.7
(Signature)	FILE 06 JUN 22 F SECRETARY (ALLAHASSEE

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

S and L Mortgage, LLC

is a Limited Liability Company

formed or registered on 11/27/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051436573.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/15/2006 that have been posted, and by documents delivered to this office electronically through 06/20/2006 @ 06:55:20.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/20/2006 @ 06:55:20 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6518796.



Sinette Dennis

Secretary of State of the State of Colorado

*End of Certificate*************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."