

MO6000004449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

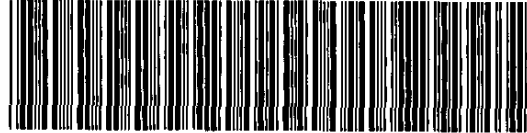
Special Instructions to Filing Officer:

789 4039 671

Office Use Only

W06-32108

8/1/08



600077595526

07/18/06--01039--015 **160.00

FILED

06 AUG 11 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2006

EMMANUEL RENAUD
1265 S SEMORAN BLVD STE 1241
WINTER PARK, FL 32792

SUBJECT: CITYHOMEFINANCE, LLC
Ref. Number: W06000032108

We have received your document for CITYHOMEFINANCE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) managing member(s).

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 306A00046208

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 11 AM 7:49

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CITY HOME FINANCE, 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:

EMMANUEL RENAUD
(Name of Person)

PRIMARY RESIDENTIAL MORTGAGE, INC
(Firm/Company)

1265 S. SEMORAN BLVD. suite 1241
(Address)

WINTER PARK, FL 32792
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 11 AM 7:50

FILED

For further information concerning this matter, please call:

EMMANUEL RENAUD at (407) 671-9494
(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:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy ✓

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CITY HOME FINANCE, LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE - USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0368760
(FEI number, if applicable)
4. 07-11-2006
(Date of Organization)
5. "PERPETUAL"
(Duration: Year limited liability company will cease to exist or "perpetual")
6. NEEDS to be LICENSED FIRST
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. REGISTERED OFFICE: 113 BARKSDALE PROFESSIONAL CENTER
NEWARK, DE 19711
(Street Address of Principal Office)

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:
EMMANUEL RENAUD PH: 407-671-9494
1265 S. SEMORAN BLVD. SUITE 1241 - WINTER PARK, FL 32789

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 - CORRESPONDENT - LENDER

Emmanuel Renaud
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.)

EMMANUEL RENAUD

Typed or printed name of signee

06 AUG 11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

CITYHOMEFINANCE, LLC

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

EMMANUEL RENAUD

(Name)

1265 S. SEMORAN BLVD. Suite 1241

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

WINTER PARK FL 32792

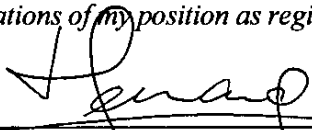
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

06 AUG 11 AM 7:50

FILED

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.


(Signature)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITYHOMEFINANCE,LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2006.



4187231 8300

060650066

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4889150

DATE: 07-11-06