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(Re	questor's Name)	
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SECRETARY OF STATE
DIVISION OF STATE
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DIVISION OF STATE



COVER LETTER

(Name of L	TGAGE LLC Limited Liability Company)	
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check are liability company to transact business in Florida	e submitted to register the above referenced	
Please return all correspondence concerning thi	is matter to the following:	
DANIEL PAPAY		
. ((Name of Person)	
AMERICAN HOMETOWN M	ORTGAGE LLC	ტ
	(Firm/Company)	SECT INVISION 2006 A
612 BLOOMFIELD AVE		SECRETARY DIVISION OF TO 2006 AUG 15
	(Address)	1.2
BLOOMFIELD, NJ 07003	3	OF STATE PM 12: 5
(City	/State and Zip Code)	<u> </u>
For further information concerning this matter,	please call:	
DANIEL PAPAY	at (_201) _993-4968	
(Name of Person)	(Area Code & Daytime Telephone)	Number)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
rananassee, r ii 52514	Tallahassee, FL 32301	

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.	AMERICAN HOMETOWN MORTGAGE LLC		
	(Name of Foreign Limited Liability Company)		_
2.	NEW JERSEY 3.		
 	(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)		
4	10/14/2005 _{5.} PERPETUAL		
••	(Date of Organization) (Date of Organization) (Duration: Year limited liability company will cereatist or "perpetual")	ase to	_
6.	·		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.			
	CAR DI COMPITI DI AVEL DI COMPITI DI ALLI 07000		_
	(Street Address of Principal Office)		_
8.	If limited liability company is a manager-managed company, check here	2006 AUG	SECI
9.	The name and usual business addresses of the managing members or managers are as follows:	<u></u>	開発
	612 BLOOMFIELD AVE DANIEL PAPAY	വ	12 P
	PLOCMETELD N.1.07002	J. H.d	- - - - - - - - - - - - - - - - - - -
	BLOOMFIELD, NJ 07003	<u>2</u>	- [[]
		_	25
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language instation of the certificate under oath of the translator must be submitted.)	ige, a	
11	. Nature of business or purposes to be conducted or promoted in Florida:		_
	MORTGAGE BROKER		
	Janil		
	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.) DANIEL PAPAY		

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 Co	ompany is:		
AMERICA	N HOMETOWN MOR	RTGAGE LLC		_
2. The name	and the Florida street addr	ess of the registered agent and office are:		
	NRAI Services, Inc.			
		(Name)	. 23	98
2731 Executive Park Drive, SUITE 4			2006 AUG	SECRI /ISION
Florida Street Address (P.O. Box NOT ACCEPTABLE)) 15 3d	
	Weston	_{FL} 33331	-P	FD AD A CONTRACT
		City/State/Zip	 2:5	TATE

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.

Lisa Reeves, Assistant Secretary

(Signature)

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



