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SECRETARY OF STATE
TALLAHASSEE, FLORID

CORPDIRECT AGENTS, INC. (formerly CCRS) **515 EAST PARK AVENUE** TALLAHASSÉÉ, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** RICKY SOTO DATE: 08/18/2006 **REF. #:** 001448.56315 CORP. NAME: YOUR HOME MORTGAGE, L.L.C. () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 518190 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

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Examiner's Initials

() CERTIFIED COPY

() CERTIFICATE OF STATUS



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:

. Your Home Mortgage, L.L.C. (Name of Foreign Lin	nited [i	ability Company)
·		
Massachusetts	3.	20-0794035
(Jurisdiction under the law of which foreign limited liab company is organized)	onity	(FEI number, if applicable)
03/01/2004	5.	Perpetual
(Date of Organization)	0.	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon Registration		
(Date first transacted business (See sections 608.501 & 608.50		
7. 111 Everett Avenue, Suite 2D, Chelsea, MA 0215	50	
(Street Ac	ddress o	f Principal Office)
3. If limited liability company is a manager-mar	naged o	company, check here
. The name and usual business addresses of the	e mana	ging members or managers are as follows:
Diego Osorno, Member, 111 Everett Avenue, Su	ite 2D,	Chelsea, MA 02150
Mauricio Osorno, Member, 111 Everett Avenue,	Suite 2	D, Chelsea, MA 02150
Ricardo Villamil, Member, 111 Everett Avenue, S	Suite 2D), Chelsea, MA 02150
	otocopy	ays old, duly authenticated by the official having custody of records is not acceptable. If the certificate is in a foreign language, a litted.)
1. Nature of business or purposes to be conduc	eted or	promoted in Florida:
Mortgage Services		
(In accordance with section 608.40	08(3), F.S	horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)
Diego Osorno, Member		·
Typed or n	rinted	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

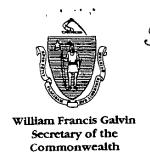
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability	y Company is:	
Your Home Mo	ortgage, L.L.C.		
2. The name a	and the Florida street a	address of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park	C Drive, Suite 4 Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
		City/State/Zip	
liability composing agent and agree relating to the obligations of NRAI Services By:	any at the place designa se to act in this capacit proper and complete p my position as register	ent and to accept service of process for the above st ated in this certificate, I hereby accept the appointn by. I further agree to comply with the provisions of a performance of my duties, and I am familiar with an red agent as provided for in Chapter 608, Florida Si	nent as registered all statutes ed accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent



The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02133

August 16, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

YOUR HOME MORTGAGE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 1, 2004.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travin Galein

on the date first above written.

Secretary of the Commonwealth

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