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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
ATTAMASTEE, FLORIDA

SEP 19 AMIO: (

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Mortgage Alliance Partners, 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:

Cheryl Robinson			
(Name of Person)			· - ·
Mortgage Alliance Partners, LLC	SS.	2 90	
(Firm/Company)		SEP 19	二
3926 JFK Parkway, Suite 9B		=	
(Address)	- STATE	AM 10: 00	
Fort Collins, CO 80525			x
(City/State and Zip Code)			

For further information concerning this matter, please call:

Cheryl Robinson	at (970) 461-7500
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDDESS:	CTDEET ADDDECC.

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

Certificate of Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2006

CHERYL ROBINSON 3926 JFK PARKWAY STE 9B FORT COLLINS, CO 80525

SUBJECT: MORTGAGE ALLIANCE PARTNERS, LLC

Ref. Number: W06000039225

We have received your document for MORTGAGE ALLIANCE PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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 call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 506A00054018

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.	Mortgage Alliance Partners, LLC (Name of Foreign Limited Liability Company)	a de grande (1)
2.	State of Colorado (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-1052188 (FEI number, if applicable)	*
4.	4/12/2004 (Date of Organization) 5 perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	<u>-</u> *∠
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
7.	FORT Collins, Co. 80525 (Street Address of Principal Office)	
8.	Mailing- Same as above If limited liability company is a manager-managed company, check here	
9.	Andrew R. Thoms, Owner, MGRM, 3926 JFK PARKWAY, STEAB, FORTCollins, Cheryl L. Robinson, Manager, MGR, 3926 JFK PARKWAY, STEAB, FORTCollins,	NS CO 8052
th	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) 	dsin
1	1. Nature of business or purposes to be conducted or promoted in Florida: Mortgage Broker	**
	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.) Andrew R. Thoms	

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	y is
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Mortgage	Alliance	Partners,	LLC

 T 	he name and	the Florida	street address	of the registere	d agent and	office are:
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NRAI Services, Ir	nc. <u>-</u>	06 SI
	(Name)	- 24 SEP
		S. 19
2731 Executive	Park Drive, Suite 4	177 <u> </u>
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	AM IO: 0
Weston	FL 33331	D ₁₁ D
	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.

NRAI Services. Inc.

By: Amy Purdy 8/25/04

Amy Purdy, Assistant Secretary

\$ 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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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,

MORTGAGE ALLIANCE PARTNERS LLC

is a Limited Liability Company

formed or registered on 04/12/2004 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 20041135173.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/22/2006 that have been posted, and by documents delivered to this office electronically through 08/24/2006 @ 14:25:14.

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 08/24/2006 @ 14:25:14 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6570229.



Sinette Dennis

Secretary of State of the State of Colorado

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

Notice: A certificate issued electronically from the Calarada 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/bit/CertificateSearchCriteria.da 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."