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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL.
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	1/2
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Emanya Mantagaa I I C	
SUBJECT: Emcore Mortgage, LLC	Limited Liability Company)
(Name of	Enfitted Elability Company)
	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la
Please return all correspondence concerning th	is matter to the following:
Marilyn J. Clark, Licensing P	'aralegal
	(Name of Person)
Franzen & Salzano, P.C.	
	(Firm/Company)
40 Technology Parkway South	ı, Suite #202
	(Address)
Norcross, Georgia 30092	
(Cit	y/State and Zip Code)
For further information concerning this matter,	, please call:
Marilyn J. Clark	at (_877) _715-8392, Extension 227
(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	te & \$\Bigsize \\$155.00 \text{ Filing Fee & \$\Bigsize \\$160.00 \text{ Filing Fee, Certificate} \\ \text{ate of Status Certified Copy of Status & Certified Copy} \end{array}

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:

Emcore Mortgage, LLC		
(Nai	ne of Foreign Limited Liability Company)	
Wyoming	3. 20-3309976	
(Jurisdiction under the law of which for company is organized)	oreign limited liability (FEI number, if applic	able)
July 21, 2005	5. July 21, 2035	
(Date of Organization)	(Duration: Year limited liability cor exist or "perpetual")	
Upon qualification		O6 P
(Date first ti	ransacted business in Florida, if prior to registration.) 608.501 & 608.502 F.S. to determine penalty liability)	CRE'U
2255 Cumberland Parkway	SE, Building 1200	12 SSS 12
Atlanta, Georgia 30339		PH 12: 06
	(Street Address of Principal Office)	OFF. O
. If limited liability company is	a manager-managed company, check here 🗸	NDA 15
. The name and usual business a	ddresses of the managing members or managers are a	ıs follows:
Emcore, Inc. (100%)		•
2424 Pioneer Avenue, Suite	405	
Cheyenne, Wyoming 82001	(Laramie County)	
ne jurisdiction under the law of which it is anslation of the certificate under oath of the Nature of business or purpose	es to be conducted or promoted in Florida:	
Residential Mortgage Broke	r / /	<u></u> •
Signature 6	farmember of an authorized representative of a meml	 ber.
(In accordance	with section 608.408(3), F.S., the execution of this document constitute	
7	under the penalties of perjury that the facts stated herein are true.)	
/A^	Typed or printed name of signee	
	ryped 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.

	of the Limited Liability C	company is:	
2. The name	and the Florida street add	ress of the registered agent and office are:	
	C T Corporation Sys	stem	
		(Name)	_
	1200 South Pine Islan	nd Road	
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	_
	Plantation	FL 33324	
		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.

Pack They (Signature)

RACHEL T. HAYES 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)

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

l Ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that EMCORE MORTGAGE LLC, a limited liability company organized under the laws of the State of Wyoming, did on 07/21/2005, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

SEAL OF THE SEAL O

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 25th day of August A.D., 2006.

Secretary of State

Bolenny Kline