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#### COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: ReVest Financial LLC	
(Name of L	imited Liability Company)
Florida," Certificate of Existence, and check are liability company to transact business in Florida	
Please return all correspondence concerning this	s matter to the following:
William Aylesworth	and the second of the second o
	Name of Person)
ReVest Financial LLC	
	Firm/Company)
7 W Square Lake Rd	
	(Address)
Bloomfield Hills, MI 4830	2
(City,	/State and Zip Code)
For further information concerning this matter,	please call:
William Aylesworth	at ( 248 ) 539-3434
(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:  \$\Bigsiz\$\$ \$\Bigsiz	



October 11, 2006

WILLIAM AYLESWORTH 7 W SQUARE LAKE ROAD BLOOMFIELD HILLS, MI 48302

SUBJECT: REVEST FINANCIAL LLC

Ref. Number: W06000044607

We have received your document for REVEST FINANCIAL LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Your articles of organization reflect your limited liability company will not be managed by the members of the company; however, your articles contain the name(s) and address(es) of the managing member(s). Consequently, you must either amend your articles to reflect the company will be managed by the members or substitute the title of Manager (MGR)for the title of Managing Member (MGRM) throughout your document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 206A00060503

## 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:

ReVest Financial LLC
(Name of Foreign Limited Liability Company)
2. Michigan 3. 25-1913955
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. February 24, 2005 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. July 29, 2005
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7 W Square Lake Rd 至 Square Lake Rd
Bloomfield Hills, MI 48302
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 2
9. The name and usual business addresses of the managing members or managers are as follows:
Catherine L. Aylesworth, Manager (MGR)
7 W Square Lake Rd
Bloomfield Hills, MI 48302
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 ranslation of the certificate under oath of the translator must be submitted.)
Nature of business or purposes to be conducted or promoted in Florida: Mortgage brokering and
related real estate matters
Catherine L. Cylesworth
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

Catherine L. Aylesworth, Manager (MGR)

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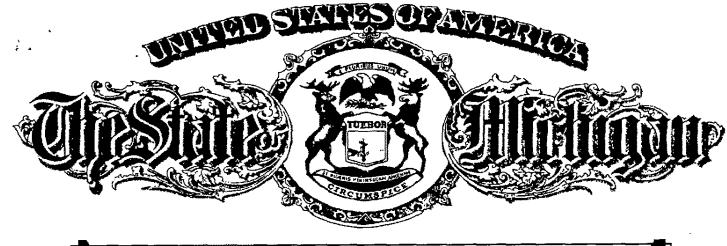
2. The name and the Florida street address of the registered agent and office are:

Robert Aylesworth			E S 6
	(Name)	<del> </del>	12 12 12 12 12 12 12 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
215 Celebration Pla	ce, Suite 500		SSE TE
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)		mg Pr
Celebration,	FL 34747		: 24 ORBIT
	City/State/Zip	• •	January 1

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)





### Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

#### REVEST FINANCIAL, LLC

was validly organized on February 24, 2005 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of September, 2006

Bureau of Commercial Services

,Director