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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA

Account Number : I20010000135 Phone : (561)586-3645 : (561)586-6335 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO

Maximum Mortgage Services, LLc

'	
Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu
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PAGE 001/001 ' Florida Dept of State

(H060002357493)

September 26, 2006

FLORIDA DEPARTMENT OF STATE

COMPLIANCE CONSULTING CORPORATION OF FLORIDA

SUBJECT: MAXIMUM MORTGAGE SERVICES, LLC

REF: W06000042147

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6853.

Leslie Sellers Document Specialist FAX Aud. #: H06000235749 Letter Number: 306A00057253

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06 OCT 27 PM 1: 16
DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

(H060002357493)

1. Maximum Mortgage Services, LLC

## (H060002357493)

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(Name of Foreign Limited Liability Company)	
2. Pennsylvania 3. 010578344	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applica company is organized)	ble)
4. 7/1/2003 <sub>5.</sub> perpetual	
(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	pany will cease 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. 1840 Mayview Rd	
Bridgeville, PA 15317  (Street Address of Principal Office)	<u>rrina</u> r sa si
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🗾	
9. The name and usual business addresses of the managing members or managers are as	follows:
- · · · · · · · · · · · · · · · · · · ·	
Derek M. Bayer	<del></del>
213 Windermere Ct	
McMurray, PA 15317	
	<del></del>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official h the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fit	
translation of the certificate under oath of the translator must be submitted.)	भटाति। स्वाहित्यिद्धः व
11. Nature of hypings, or symposes to be conducted as suggested in Floriday Morlaage	\$
11. Nature of business or purposes to be conducted or promoted in Florida: Mortgage	
	·
Joseph Later	
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.)	<b>06</b>
Derek Bayer	SEC TSIC
Typed or printed name of signee	ST SEE
1627	FILED FILED SECRETARY OF STADIVISION OF CORPORA  O6 OCT 27 PH 12:
(HOGOOD 2357493)	
Howard	
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# 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:

## Maximum Mortgage Services, LLC

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

Compliance Consu	Ilting Corporation of Florida
	(Name)
1013 Lucerne Ave	e #201
Florida Street Ac	idress (P.O. Box NOT ACCEPTABLE)
Lake Worth	<sub>FL</sub> 33460
	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.

(Signature)

\$ 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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Oct.27 2006 10:19AM MAXIMUM MORTGAGE No.4048 P. 2/2

(H 060002357493)

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**OCTOBER 20, 2006** 

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT.

### MAXIMUM MORTGAGE SERVICES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6308926-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/acskb/verify.asp\_

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