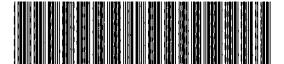
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(Red	questor's Name)			
(Ado	dress)			
(Ado	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to f	Filing Officer:	- )		





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SECRETARY OF STATIONAL ANASSEE FLORIT



ACCOUNT NO. : 072100000032

REFERENCE: 598761 167868A

AUTHORIZATION

COST LIMIT

ORDER DATE: November 14, 2006

ORDER TIME : 2:19 PM

ORDER NO. : 598761-045

CUSTOMER NO: 167868A

## FOREIGN FILINGS

NAME: WACHOVIA EQUITY SERVICING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

•	
•	
	MITED LIABILITY COMPANY FOR AUTHORIZATION TO NSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 608,503, FLA LIMITED LIABILITY COMPANY TO TRANSACT BU	ORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN USINESS IN THE STATE OF FLORIDA:
Wachovia Equity Servicing, LLC	The second secon
(Name of Fe	oreign Limited Liability Company)
2. New Jersey	3
(Jurisdiction under the law of which foreign li company is organized)	imited liability (FEI number, if applicable)
4. October 17, 2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification	
(Date first transacte (See sections 608.501	d business in Florida, if prior to registration.)  & 608.502 F.S. to determine penalty liability)
c/o Corporation Service Company, 2711 Cer	nterville Road, Suite 400, Wilmington, DE 19808
·	The second secon
	(Street Address of Principal Office)
	—
8. If limited liability company is a mana	ger-managed company, check here 🗸
9. The name and usual business address	es of the managing members or managers are as follows:
Ross E. Jeffries, Jr., 301 South College Stre	eet, Charlotte, NC 28288-0630
	no more than 90 days old, duly authenticated by the official having custody of records in red. (A photocopy is not acceptable. If the certificate is in a foreign language, a ator must be submitted.)
11. Nature of business or purposes to be	conducted or promoted in Florida: Mortgage and home equity loan
servicing.	
D a	CQ 1
Devely t	W. Gacken
	mber fran authorized representative of a member. tion 608 408(3), F.S., the execution of this document constitutes
an affirmation under the	e penalties of perjury that the facts stated herein are true.)
Beverly W. Jackson,	, Assistant Vice President

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:		
Wachovia Equit	ty Servicing, LLC			
2. The name a	and the Florida street add	dress of the registered agent and office are:		
	Corporation Service Company			
		(Name)		
	1201 Hays Street			
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	<del></del>	
	Tallahassee	FL 32301		
		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.

Corporation Service Company

By: Cynthia L. Harris
Asst. Vice President

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

