# M0700000853

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			
Palis			

Office Use Only



700083127647

02/12/07--01033--009 \*\*125.00

07 FEB 12 PH 4: 35

SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUBJ	ECT: MASS LENDING, LLC	Limited Liability Company)
Florid liabili	nclosed "Application by Foreign Limited a," Certificate of Existence, and check ar ty company to transact business in Florid	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please	e return all correspondence concerning thi	is matter to the following:
	SKAI BATEMAN	
	'	(Name of Person)
	MASS LENDING, LLC	
		(Firm/Company)
	220 RESERVOIR STREE	ET, SUITE 28
		(Address)
	NEEDHAM, MA 02494	
	(City	//State and Zip Code)
For fu	rther information concerning this matter,	please call:
	SKAI BATEMAN	at (_781 433-8692
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327	STREET ADDRESS: Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount:  Signature Sig	e & \$\Bigcup\$155.00 Filing Fee & \$\Bigcup\$160.00 Filing Fee, Certificate e of Status & Certified Copy of Status & Certified Cop

### 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. MASS LENDING, LLC						
	(Name of Foreign Limited I	Liability Company)		-		
2. MASSACHUSETTS		3_ 03-0557787				
(Jurisdiction under the law company is organized)	of which foreign limited liability	( FEI number, if applicable)		_		
4. 03/23/2005	5	PERPETUAL				
(Date of Or	ganization)	(Duration: Year limited liability company will exist or "perpetual")	cease to	-		
6	Date first transacted business in Flo	orida, if prior to registration.)		_		
(S	Date first transacted business in Floree sections 608.501 & 608.502 F.S.	to determine penalty liability)	,			
7. 220 RESERVOIR S	STREET, SUITE 28			_		
NEEDHAM, MA 024				_		
	(Street Address	of Principal Office)				
8. If limited liability cor	mpany is a manager-managed	company, check here				
9. The name and usual business addresses of the managing members or managers are as follows:						
ELIZABETH REED, 220 RESERVOIR STREET, SUITE 28, NEEDHAM, MA 02494						
				-		
		<u> </u>		-		
				-		
10. Attached is an original cert	ificate of existence, no more than 90 c	lays old, duly authenticated by the official having cust	odv of rec	cords ir		
		y is not acceptable. If the certificate is in a foreign lan				
translation of the certificate un	der oath of the translator must be subm	nitted.)				
11. Nature of business of	or purposes to be conducted or	promoted in Florida:		_		
ALL LEGAL PURPO	OSES INCLUDING MORTG	AGE LENDING AND BROKERING				
	SO-01/60			٠.		
Si	gnature of a member or an au	thorized representative of a member. S., the execution of this document constitutes				
(In	accordance with section 608.408(3), F.	.S., the execution of this document constitutes ary that the facts stated herein are true.)	0	01		
	ELIZABETH REED	ary that the facts stated herein are true.)	7 F	VIS 3S		
_	Typed or printed	name of signee	83	ORE CRE		

### 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:
M	MASS LENDING LLC

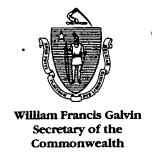
2. The name and the Florida street address of the registered agent and office are:

CLARA V. AVALO	
	(Name)
2173 N.W. 62ND A\	/ENUE
Florida Street A	address (P.O. Box NOT ACCEPTABLE)
MARGATE,	<sub>FL</sub> 33063
	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.

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

\$ 5.00 Certificate of Status (optional)



## The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

### January 12, 2007

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### MASS LENDING LLC

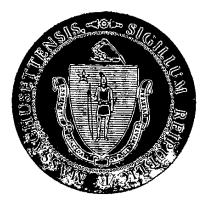
in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 23, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **ELIZABETH REED** 

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ELIZABETH REED** 

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ELIZABETH REED** 



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth