# M0700000 1127

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Certified Copies	Certificates of Status

Police to Filling Officer:

Office Use Only

\$ 125.00 CF \$ 5.00 Cert



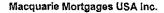
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SECULIARY OF STATE

#### COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: Macquarie Securitization USA LLC	;	
	(Name of Lin	mited Liability Company)	
Florida,		iability Company for Authorization to Transact I submitted to register the above referenced foreig	
Please re	eturn all correspondence concerning this	matter to the following:	
	Gerhard Naude		97元
	(N	lame of Person)	826
	Macquarie Mortgages USA Inc		OT FEB 26 PH 2: 3
	(F	irm/Company)	
	7406 Fullerton Street, Suit	e 200	<b>5</b> '''
	**************************************	(Address)	
	Jacksonville, FL 32256		
	(City/S	State and Zip Code)	
For furth	ner information concerning this matter, pl	lease call:	
(	Gerhard Naude	at ( 904) 538-5000	
	(Name of Person)	(Area Code & Daytime Telephone Number	er)
E F	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	d is a check for the following amount:  ☐\$125.00 Filing Fee ☐\$130.00 Filing Fee &  Certificate of	Ţ .	ertificate Certificd Copy



7406 Fullerton Street, Suite 200 Jacksonville, FL 32256 Telephone Toll Free Facsimile 1-904-538-5000 1-888-260-4390 1-904-538-5001

www.macquariemortgages.com

February 21, 2007

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301
(850) 245-6056

Re: Macquarie Securitization USA Inc.
Application to Transact Business

Dear Sir or Madam:

Please find enclosed the Application for Authorization to Transact Business in Florida for Macquarie Securitization USA Inc. which your office had returned to us along with a copy of the letter from your office regarding the missing information. I have filled in the missing information. Please continue with the application process.

If this filing is insufficient or if you have any questions or concerns please contact Kathy Kleist at 904 538-4927.

Sincerely,

Kathy M. Kleist)

Macquarie Mortgages USA Inc. Legal Services Department 7406 Fullerton Street, Suite 200 Jacksonville, FL 32256-3550

Tel: 904-538-5000 Facsimile: 904-538-5001 Kathy.Kleist@Macquarie.com



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2007

GERHARD NAUDE 7406 FULLERTON STREET, STE 200 JACKSONVILLE, FL 32256

SUBJECT: MACQUARIE SECURITIZATION USA LLC

Ref. Number: W07000006802

We have received your document for MACQUARIE SECURITIZATION USA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6097.

Letter Number: 207A00009926

Marsha Thomas Document Specialist B 26 PH 2:57

### 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. Macquarie Securitization USA LLC

(Name of Foreign Limited Liability Company)

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

4. 9/15/2007

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. None

- (Date first transacted business in Florida, if prior to registration.)
  (See sections 608.501 & 608.502 F.S. to determine penalty liability)

  7. 7406 Fullerton Street, Suite 200, Jacksonville, FL 32256

  (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:

Macquarie Mortgages USA Inc MGRM
7406 Fullertonstreet, Suite Dro
Facksonville FL 32256

- 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 translation of the certificate under oath of the translator must be submitted.)
- 11. Nature of business or purposes to be conducted or promoted in Florida:

Mortgage Lending and Management

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 penaltics of perjury that the facts stated herein are true.)

Gerhard L. Naude

Typed or printed name of signee

2

## 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 L	imited Liability Cor	mpany is:	THE FEB
Macquarie Secui	itization USA LI	LC	元 元
2. The name and the	Florida street addre	ss of the registered agent and office are:	OF ST
CT	Corporation Syste		<b>基</b>
		(Name)	
1200 South Pine Island Road			
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
Plai	ntation	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.

Peter F. Souza
Assistant Secretary

(Signature)

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

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACQUARIE SECURITIZATION USA LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2007.

EYS OF CENTRAL PROPERTY OF

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5396026

DATE: 01-30-07

3855340 8300 070101759