

M0700000/272

(Requestor's Name)

(Address)

(Address)

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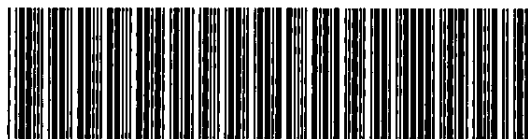
(Business Entity Name)

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W07-9653
J. BRYAN FEB 26 2007

J. BRYAN MAR - 5 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Lending Associates, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Christy Phillips
(Name of Person)

Professional Lending Associates, LLC
(Firm/Company)

7340 Smith Corners Blvd Ste 1000
(Address)

Charlotte NC 28269
(City/State and Zip Code)

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For further information concerning this matter, please call:

CHRISTY PHILLIPS at (704) 248 6266 / 704 200-6465
(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:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2007

CHRISTY PHILLIPS
PROFESSIONAL LENDING ASSOCIATES, LLC
7340 SMITH CORNERS BLVD. STE 1000
CHARLOTTE, NC 28269

SUBJECT: PROFESSIONAL LENDING ASSOCIATES, LLC
Ref. Number: W07000009653

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We have received your document for PROFESSIONAL LENDING ASSOCIATES, 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list the complete principal's office address.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 907A00013809

NOTICE: The Florida Department of State, Division of Corporations, is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office. If you have any questions concerning the filing of your document, please call (850) 245-6043.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PROFESSIONAL Lending Associates, LLC
(Name of Foreign Limited Liability Company)

2. NORTH CAROLINA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 205 210 767
(FEI number, if applicable)

4. 3.15.06
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease exist or "perpetual")

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

7. 7340 Smith Corners Blvd Ste 1000
Charlotte, NC 28269
(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:

Christy PHILLIPS 7340 Smith Corners Blvd Ste 1000 Charlotte NC 28269
Paula JEFFERS 7340 Smith Corners Blvd Ste 1000 Charlotte NC 28269

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: Correspondent

Mortgage Lender

Christy Phillips
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.)

CHRISTY PHILLIPS
Typed or printed name of signee

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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:

Professional Lending Associates LLC

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

Kimberly P. Colvin
(Name)

2035 Tillman Ave

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Winter Garden FL 34787
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.

Kimberly P. Colvin
(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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NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PROFESSIONAL LENDING ASSOCIATES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 15th day of March, 2006, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of February, 2007.

Elaine F. Marshall

Secretary of State