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HOTOX	XXXI328
(Requestor's Name) (Address) (Address)	400088420784
(City/State/Zip/Phone #)	02/16/0701034028 **195.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	2007 H TALLA
	FILED 2007 MAR -6 PM 1:58 SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

Registration Section TO: **Division of Corporations**

(Name of Limited Liability Company) SUBJECT:

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:

Bic Marie (Name of Person) AMERICAN MORTEAGE (Firm/Company) LSL Blvd Ste 208 (Address) Lake Sta Louis, MO 63367 (City/State and Zip Code)

For further information concerning this matter, please call:

at (636) 561-6695 (Area Code & Daytime Telephone Number) (Name of Person)

STREET ADDRESS:

MAILING ADDRESS: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

Ø\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy 10. "registration



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2007

BILL MCNAIR 1ST AMERICAN MORTGAGE 1000 LSL BLVD., STE. 208 LAKE ST. LOUIS, MO 63367

SUBJECT: WILLIAM A. MCNAIR II LLC Ref. Number: W07000009089

We have received your document for WILLIAM A. MCNAIR II LLC and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

The enclosed certificate of designation of registered agent must be completed and submitted with the document. The page of officers/directors isnot needed in this office and cannot be filed with this document as this form is used for corporations, not LLC's.,

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) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 007A00012896

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.	(Name of Foreign Limited Liability Company)
	(Name of Foreign Limited Liability Company)
2.	Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
4.	(Date of Organization) (Date of Organization) 5. <u>PERPETUAL</u> (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1000 LS2 Blvd Fe 208
	Lake St. Loux MD 63367 (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:

1ST American Morgance Blud. Ste 208 Louis MO 63.367 LAKe St.

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 each of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ______

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Signature of a member or an anthorized 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.)

WILLIAM MCNAIR 4.

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:

WILLIAM A. MCNAIR I LLC

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

Florida Street Address (P.O. Box NOT ACCEPTABLE) 34328

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.

- FILED 2007 MAR -6 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
- \$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

WILLIAM A. MCNAIR II, LLC LC0048040

was created under the laws of this State on the 22nd day of February, 2001, and is if good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of February, 2007

himi

Secretary of State



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Certification Number: 9414410-1 Reference: Verify this certificate online at http://www.sos.mo.gov/businessentity/verification