(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(41		
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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#### **COVER LETTER**

TO: Registration Division of	n Section Corporations						
SUBJECT:	NATIONS TO	Name of Lim	NorToA:	<b>bE, U</b> y Company)		_	
The enclosed "App Florida," Certificate liability company to	e of Existence, and	d check are su					
Please return all co	rrespondence conc	erning this m	natter to the	following:			
<del></del>	JASO	Na (Na	LMSTRO me of Perso	n)			
<del></del>	N	417011 S (Fir	/ ZUSI m/Company	- Mori	CONCEPL	UK_07 ¥	OISTAID 1038
	3	12 W	Supp. (Address)	eur S	<u> </u>	07 MAY 16 P	FILED RETARY OF NO OF CORE
		Dulu <i>r</i> (City/Sta				PM 12: 59	STATE
For further informa	ition concerning th	is matter, ple	ase call:				
FEANK	Name of Person		at ( <u>2</u> (Area (	18) 3 Code & Dayti	مے کی میں me Telephon	<u>639</u> ne Number	)
			Division o Clifton Bu 2661 Exec	ADDRESS: f Corporation idling cutive Center e, FL 32301			
Enclosed is a check	_	amount: 0 Filing Fee & Certificate of		Filing Fee & Certified Copy	□\$160.00 Fil	ling Fee, Cer Status & Ce	

### 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 HABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

	(Name of Foreign Limited Liability Company)
<del></del>	Mincsota 3. 20-0837937  sdiction under the law of which foreign limited liability (FEI number, if applicable)
nţ	pany is organized)
	(Date of Organization)  5. Per adversion (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	212 212 8 242 222 51
	Owluth, MW 55802  (Street Address of Principal Office)
_	Duluty, MN 55802
	(Sireer Address of Frincipal Office)
١.	imited liability company is a manager-managed company, check here
h	e name and usual business addresses of the managing members or managers are as follows:
	312 W Sigerier St Jason Mulmstrom 55 Puluth, MN 55702 Frank Befera
	Puluth, MN 55702 Frank Setera
_	·
١tt	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re
	sdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
at	ion of the certificate under oath of the translator must be submitted.)
	(ature of husiness or numerous to be conducted or promoted in Florida:
IN	lature of business or purposes to be conducted or promoted in Florida:
	Montgage Broker
	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.)

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:	
Nations Trust Mortgage, UC	
2. The name and the Florida street address of the registered agent and office are:	므므
steven P. Befera	NECKE T
(Name)	5 SE
978 North River Drive #7	0.10
Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATEONS RPORATIONS PM 12: 59
Miami FL 33136 City/State/Zip	<del>-</del> 5

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.

Signature)

\$ 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 Minnesota

## SECRETARY OF STATE

#### Certificate of Good Standing

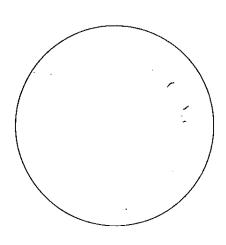
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to Eb business as a limited liability company at the time the certificate is issued.

Name: Nations Trust LLC

Date Formed or Registered: March 9, 2004

State of Organization: Minnesota

This certificate has been issued on February 23, 2007.



Mark Kitchie Secretary of State.