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#### **COVER LETTER**

TO: Registration Section

Division	of Corporations					
SUBJECT:			Drive,			
(Name of Limited Liability Company)						
Florida," Certific		check are	submitted to		thorization to Transact Brabove referenced foreign	
Please return all	correspondence conce	erning this	matter to the	following:		
		Lino	e Li			
		(1)	Name of Perso	on)		
Investment Grade Loans, Inc.						
(Firm/Company)						
475 S. San Antonio Road (Address)						
(Address)						
	La	HIA C	93 , CA	9402	2.	
		(City/	State and Zip	Code)		
For further information concerning this matter, please call:						
	Lina L	<u>;                                    </u>	at ( 65	50 <sub>)</sub> 94	19- 4790	
	(Name of Person				rtime Telephone Number	)
Division of P.O. Box	G ADDRESS: of Corporations 6327 ee, FL 32314		Division of Clifton Box 2661 Exe	ADDRESS of Corporati uilding cutive Cente ee, FL 3230	ons er Circle	
Enclosed is a chec \$125.00 l	ck for the following a Filing Fee □\$130.00			Filing Fee & Certified Co		

#### 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: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") State of California State of California (Jurisdiction under the law of which foreign limited liability company is organized) August 5, 2003 (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) San Antonio Road ٤. 475 CA 94022 Altes , Los (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: Lewis. Managing Member Andrew S. San Autonio Road 475 CA 94022 Alter, 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) Real Estate Investment 11. Nature of business or purposes to be conducted or promoted in Florida: 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.) Andrew A. Lewis 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 L	iability Con	npany is:	
18	922 Forge	Drive	, LLC	
If name unav	ailable, the altern	iate name to	be used in the state of Florida is:	
2. The name	and the Florida s	treet addres	s of the registered agent and office	e are:
	NRAI Services	s. Inc.		
			(Name)	
	2731 Executive	e Park Drive,	Suite 4	
	Fl	orida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Weston		FL 33331	
			City/State/Zip	
liability compagent and agr relating to the	any at the place d ree to act in this co r proper and comp Tmv position as re	esignated in apacity. I fu olete perform gistered age	to accept service of process for the this certificate, I hereby accept the rther agree to comply with the proviance of my duties, and I am familiant as provided for in Chapter 608, I	appointment as registered isions of all statutes ir with and accept the
		\$ 100.00	9 Filing Fee for Application	

\$ 25.00 Designation of Registered Agent

**Certificate of Status (optional)** 

\$ 30.00 Certified Copy (optional)

\$ 5.00

## State of California Secretary of State

### CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **5th day of August, 2003, 18922 FORGE DRIVE, LLC,** became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 26, 2007.



Jeha Bowen

DEBRA BOWEN Secretary of State

