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National City. Partnership Solutions, Inc.

National City Partnership Solutions, Inc. A Subsidiary of National City Bank 3232 Newmark Drive - Miamisburg, Ohio 45342 Telephone (937) 910-1200

Mailing Address:
P.O. Box 1820
Dayton, Ohio 45401-1820

VIA OVERNIGHT DELIVERY

August 17, 2007

Registration Section
Division of corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Application By Foreign Limited Liability Company For Authorization to Transact

Business in Florida for Regional Home Loans, LLC

Dear Sir/Madam:

Please file the enclosed Application By Foreign Limited Liability Company For Authorization to Transact Business in Florida for Regional Home Loans, LLC.

We request that you return one file stamped copy for our records and we have enclosed an Official check in the amount of \$155.00 to cover the cost of this request.

Please send any correspondence regarding this request, including the file stamped copy in the enclosed self addressed stamped envelope or mail to:

National City Partnership Solutions, Inc.

Attn: Lisa Bruce/Bldg. 4 3232 Newmark Drive Miamisburg, OH 45342

Please contact me if you have any questions or need additional information. Thank you for your assistance with this matter.

Sincerely,

Lisa Bruce

Joint Venture Administration

National City Partnership Solutions, Inc.

PHONE (937) 910-4692

FAX (937) 910-1838

E-mail Lisa.Bruce@ncmc.com

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Regional Home Loans, LLC		
(Name of Limi	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	atter to the following:	
Kendra Maurice	,	_
(Nai	me of Person)	
National City Partnership So	olutions, Inc.	_
(Fire	m/Company)	_
3232 Newmark Dr., Bldg	g. 4	_
((Address)	
Miamisburg, OH 45342		
(City/Sta	ate and Zip Code)	
For further information concerning this matter, plea	ase call:	
Kendra Maurice (Name of Person)	at (937) 910-3935 (Area Code & Daytime Telephone Num	_ ber)
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	☑\$155.00 Filing Fee & □\$160.00 Filing Fee, Status Certified Copy of Status &	Certificate & Certified Copy

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.	Regional Home Loans, LLC (Name of Foreign Limited Liability Company)				
2.	(Jurisdiction under the law of which foreign limited liability company is organized) [Jurisdiction under the law of which foreign limited liability company is organized) [Jurisdiction under the law of which foreign limited liability company is organized) [Jurisdiction under the law of which foreign limited liability company is organized)				
4.	6/7/2005 (Date of Organization) 5. perpetual (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.	1112G Eden Way North				
	Chesapeake, VA 23320 (Street Address of Principal Office)				
8.	If limited liability company is a manager-managed company, check here				
9.	9. The name and usual business addresses of the managing members or managers are as follows:				
	John D. Walter, VP, National City Partnership Solutions, Inc., Managing Member, 3232 Newmark Dr., Miamisburg, OH 45342				
th	D. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation 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 Origination				
	Lewale				
	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.)				

John D. Walter, VP of National City Partnership Solutions, Inc., Managing Member

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.

The name of the Limited Liability Company is:	1
Regional Home Loans, LLC	
2. The name and the Florida street address of the registered agent and office are:	O7 P
Corporation Service Company	NG 2
(Name)	SSION
1201 Hays St.	一点 五百
Florida Street Address (P.O. Box NOT ACCEPTABLE)	至:26
Tallahassee _{FL} 32301	OA E
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.

Jacqueline N. Casper Assistant VP

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

REGIONAL HOME LOANS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 07, 2005, and was in existence or authorized to transact business in the State of Indiana on June 14, 2007.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourteenth Day of June, 2007.

TODD ROKITA, Secretary of State

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