

M07000005100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/07--01023--014 **155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

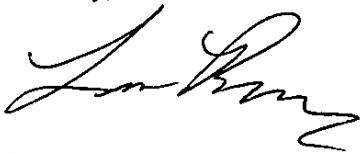
We request that you return one file stamped copy for our records and we have enclosed an
Official check in the amount of \$155.00 to cover the cost of this request.

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 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:

Kendra Maurice

(Name of Person)

National City Partnership Solutions, Inc.

(Firm/Company)

3232 Newmark Dr., Bldg. 4

(Address)

Miamisburg, OH 45342

(City/State and Zip Code)

For further information concerning this matter, please call:

Kendra Maurice

(Name of Person)

at (937) 910-3935

(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

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:

- FILED
07 AUG 20 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Regional Home Loans, LLC

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

Corporation Service Company

(Name)

1201 Hays St.

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

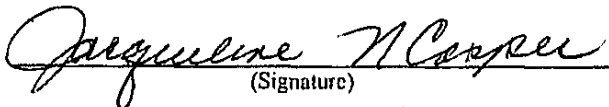
Tallahassee

FL 32301

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

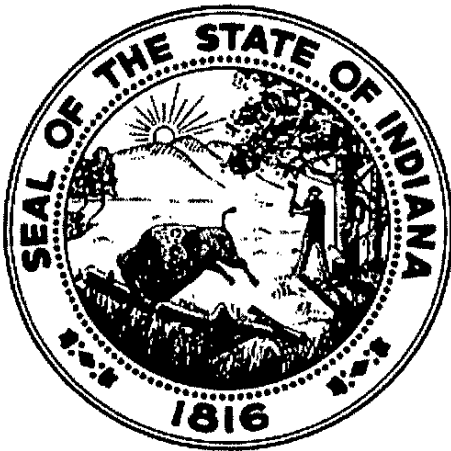
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

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.

A handwritten signature in black ink, appearing to read "Todd Rokita".

TODD ROKITA, Secretary of State

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