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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	·····
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SECRETARY OF STATE
TAIL AHASSEE. FLORID

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Manue of Limited Liability Compar	<u>LC</u>
The enclosed "Application by Foreign Limited Liability Company for A Florida," Certificate of Existence, and check are submitted to register th liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following	;
(Name of Person)	L. Webb
Monly Morta (Firm/Company)	gage ILC
609a Reliability (Address)	07 SEP 24 SECRETALISTS FALLAHASS
(City/State and Zip Code)	PM 12: 0.5 SEE, FLORIO
For further information concerning this matter, please call:	A 3.
(Name of Person) at (865) (Area Code & D	671-5070 Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRE Division of Corporations Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle
Enclosed is a check for the following amount: \$\sum_{\mathbb{S}}\$125.00 Filing Fee \$\sum_{\mathbb{S}}\$130.00 Filing Fee & \$\sum_{\mathbb{S}}\$155.00 Filing Fee Certificate of Status \$\sum_{\mathbb{C}}\$Certified	

'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; must include 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.")
2. Tennessee 3. 20-498-0703
2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. AO-498-0703 (FEI number, if applicable)
4. Respectively (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. no business transacted.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 609a Reliability Cir AAA 2 Knoxville In 37932 FFG 3
Knoxville In 37932
(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:
Christopher R. Webb 609 a Reliability Crr Knoxuille, To 37932
Knoxuille, In 37932
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.)
11. Nature of business or purposes to be conducted or promoted in Florida: Martgage. Broker Busines
(dala) M
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.)
CHRISTOPHER Robert Webb.
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: Mortgage LL	_(
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Flore a street address of the registered agent and office are:	_
USA-RA LLC	
873 West Bay Drive, Suite /	05
Largo FL 33770	

Having been named as registered opent 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 the scapacity. 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

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 09/12/2007 REQUEST NUMBER: 07255532 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/15/2006 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0523148
JURISDICTION: TENNESSEE

TO: MONEYWELL MORTGAGE, LLC 609-A RELIABILITY CI KNOXVILLE, TN 37932

REQUESTED BY:
MONEYWELL MORTGAGE, LLC
609-A RELIABILITY CI

KNOXVILLE, TN 37932

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "MONEYWELL MORTGAGE, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

MONEYWELL MORTGAGE LLC

KNOXVILLE, TN 37923-0000

1149 FARRINGTON DR

ON DATE: 09/12/07

FEES

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

RECEIPT NUMBER: 00004266822 ACCOUNT NUMBER: 00532385

FROM:

RILEY C. DARNELL SECRETARY OF STATE