M0800000384

(Requestor's Name)						
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 AMII

M. Thomas MAY 2 1 2006

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: mymortgagepro, LLC	
(N	ame of Limited Liability Company)
••	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited n Florida
Please return all correspondence conce	rning this matter to the following:
Vicki Call	
	(Name of Person) (Firm/Company)
	ECON A CONTRACTOR OF THE CONTR
Pronto Filings Inc.	
	(Firm/Company)
	FIGURE 1
1803 Trenton Drive South	
	(Address)
Tranton MI 49192	
Trenton, MI 48183	(City/State and Zip Code)
	(City/State and Zip Code)
For further information concerning this	matter, please call:
Vicki Callahan	at (<u>734</u>) <u>692-6509</u>
(Name of Persor	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
	Filing Fee & \$\sum \$\\$155.00\$ Filing Fee & \$\sum \$\\$160.00\$ Filing Fee, Certificate Certificate of Status Certified Copy of Status & 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. mymortgagepro, LLC		• •		
	(Name of Foreign Limited	Lia	ability Company)	
2 Kentucky		3	61-1379757	
(Jurisdiction under the law company is organized)	of which foreign limited liability	٥.	(FEI number, if applicable)	
4. November 21, 2000		5.		
(Date of Org	anization)		(Duration: Year limited liability company will cea exist or "perpetual")	SECULTATION OF THE SECULTATION OF HAY 20
6	Date first transacted business in F	lori	ida if prior to registration)	Control of the contro
(Se	e sections 608.501 & 608.502 F.S	S, t	o determine penalty liability)	70 E
7. 1084 East New Circle R	oad,Suite 200, Lexington, KY	40	505	THOT !
				ONE
******	(Street Address	s of	Principal Office)	- Su.
9. The name and usual b	pany is a manager-managed usiness addresses of the mai	nag	ging members or managers are as follows:	
Ragan Preston, 1084 E	ast New Circle Road, Suite 20	00,	Lexington, KY 40505	
the jurisdiction under the law of translation of the certificate und	•	py i mi	,	
mediating real estate trai	nsactions		·	
(In a	ccordance with section 608.408(3),	F.S.	norized representative of a member. In the execution of this document constitutes by that the facts stated herein are true.)	
	Typed or printe	d n	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:	
mymortgagepro, LLC	_
2. The name and the Florida street address of the registered agent and office are:	8萬2
InCorp Services, Inc.	
(Name)	E OF A
17888 67th Court North	Paga to
Florida Street Address (P.O. Box NOT ACCEPTABLE)	•
Loxahatchee FL 33470 City/State/Zip	-
, i	

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. InCorp Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

5/16/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 64785 Jurisdiction: mymortgagepro, LLC

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MYMORTGAGEPRO, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 21, 2000.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of May, 2008.



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Trey Grayson Secretary of State Commonwealth of Kentucky 64785/0505754