(Requestor's Na	ame)
(Addréss)	
(Address)	······································
(City/State/Zip/l	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
Certified Copies Certif	icates of Status
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L. SELLERS

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EXAMINER

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09/19/08--01051--003 **130.00

. COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kovar LLC	
(Name of Limi	ted Liability Company)
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
D. Richard Thompson	
(Nar	me of Person)
Envoy Mortgage Ltd	
(Fire	n/Company)
5100 Westheimer , 320	
•	(Address)
Houston, Texas 77056	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Maria Quinones	at (713) 993-2267
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassee, 112 52514	Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$\$130.00 \text{ Filing Fee & Certificate of \$\$}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F	TLORIDA:
I. Kovar LLC	
(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 transac consent of the managers or managing members adopting the alternate name. Company," "L.L.C.," "LLC.")	ting business in Florida and attach a copy of the writte The alternate name must include "Limited Liability
₂ Texas _{3, 26-22}	93457
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. March 18, 2008 5. perpe	etual
(Date of Organization) (Duratiexist or	on: Year limited liability company will cease to "perpetual")
6. None	
(Date first transacted business in Florida, if prio (See sections 608.501 & 608.502 F.S. to determine	r to registration.) e penalty liability)
7. 5100 Westheimer, suite 320	
Houston, Texas 77056	
(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 mer	nbers or managers are as follows:
D. Richard Thompson, President 5100 Westheime	r, Suite 320, Houston, Texas 77056
Patrick Walden, Secretary, 5100 Westheimer,	Suite 320 Houston Texas 77056
Tatrick VValueri, Occidenty, 5100 VVCStrictimor,	ound ozo, Flodotoff, Foxad Frod
10. Attached is an original certificate of existence, no more than 90 days old, dul the jurisdiction under the law of which it is organized. (A photocopy is not acceptranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted	d in Florida: Residential Mortgage Lending
Signature of a member or an authorized recordance with section 698.408(3), F.S., the executan affirmation under the penalties of perjury that the first	tion of this document constitutes
D. Richard Thompson	

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.

Kovar LLC	the Limited Liability Company is:
If name unavail	lable, the alternate name to be used in the state of Florida is:
2. The name ar	nd the Florida street address of the registered agent and office are:
	NRAI Services, Inc
	(Name)
	2731 Executive Park Drive, Suite 4,
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Weston Florida 33331 FL
	Cîty/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.

NPAI Services. Inc.

By: Amyfwdy 9/18/08

(Signature)

Amy Purdy, Assistant Secretary

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

FILED

08 SEP 19 AM 8: 27

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kovar, LLC (file number 800952701), a Domestic Limited Liability Company (LLC), was filed in this office on March 18, 2008.

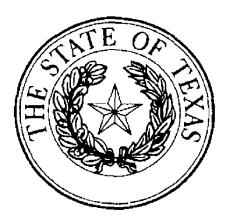
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate D. RICHARD THOMPSON as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

14 VALLEY FORGE

HOUSTON, TX - 77024 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2008.



Phil Wilson Secretary of State FLORID

TID: 10268

Dial: 7-1-1 for Relay Services Document: 217992050005 , Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



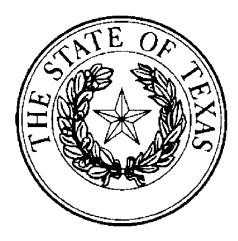
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It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on September 18, 2008.



Hope Andrade Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 230106610003

Phone: (512) 463-5555 Prepared by: SOS-WEB