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TO.

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

LORIDA/FOREIGN LIMITED LIABILITY CO.

Countrywide Capital Markets, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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JUN - 9 2009

EXAMINER

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. Countrywide Capital Markets, LLC		
(Name of Foreign Limited Liability Company; must in	clude "Linuted Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C.," "LLC.")	pose of transacting business in Florida and an liternate name. The alternate name must include	ach a copy of the written de "Limited Liability
2. California	95-4454284	
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable	le)
4. 10/31/2008	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability compa	my will cease to
6. Upon Filing		TA:
(Date first transacted business in (See sections 608.50) & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)	SECRETAL ALLAHA
7. 4500 Park Granada, Calabasas, CA 91302		5日 5
•		SEE OF
(Street Addres	ss of Principal Office)	
8. If limited liability company is a manager-manage		STATE CORIDA
The name and usual business addresses of the ma Countrywide Financial Corporation	4500 Park Granada, Calabasas, CA 91302	oniows:
10. Attached is an original certificate of existence, no more than 0 the jurisdiction under the law of which it is organized. (A photocomustation of the certificate under cath of the translator must be su	opy is not acceptable. If the certificate is in a for	ring custody of records in edga language, a
11. Nature of business or purposes to be conducted	or promoted in Florida;	<u></u>
Any lawful business or activity under the laws of this state.		
1. bls		
(In accordance with section 608,408(3),	authorized representative of a member. F.S., the execution of this document constitutes signly that the facts stated herein are true.)	
Jack W. Schakett, President and CE		
Typed or printe	ed name of signee	

FLUST - DECEMBERT C | System Clubins

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.

Carren - Mair Carrie		mpany is:					
Countrywide Capital Markets, LLC							
If name unavailat	ble, the alternate name to	be used in the state of	of Florida is:				
2. The name and	the Florida street addres	s of the registered ago	ent and office are:	2009 JUN -8 SECRETAR) PALLAHASSE			
	C	T Corporation System		N-I TAR ASS			
_		(Name)		8 AM			
1200 South Pine Island Road				. 1 .07			
-	Florida Street Ad	ddress (P.O. Box NOT A	CCENTABLE)	8: 06 TATE ORIDA			
	Plantation	FY.	33324				
-		City/State/Zip					
				•			
liability company of agent and agree to relating to the prop obligations of my p	ed as registered agent and at the place designated in a act in this capacity. I fur per and complete perform nosition as registered age. The Corporation System Boreld H.	this certificate, I here rther agree to comply sance of my duties, and	by accept the appoi with the provisions of I am familiar with Napter 608, Florida	ntment as registe <mark>red</mark> of ull standes and accept the			

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: COUNTRYWIDE CAPITAL MARKETS, LLC

FILE NUMBER:

200830910120

FORMATION DATE:

10/31/2008

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

1, DEBRA BOWEN, Secretary of State of the State of California, hereby certify

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California

No information is available from this office regarding the financial condition, business activities or practices of the entity



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 3, 2009

> **DEBRA BOWEN** Secretary of State