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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

; (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CS Citrus LLC

Certificate of Status	0
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Page Count	04
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D. BRUCE

OCT 19 2009

EXAMINER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CS Citrus 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 transacting business in Plorida 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.") Dolaware Applied For (Jurisdiction under the law of which foreign limited liability October 15, 2009 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 20815 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: CSE Mortgage LLC, 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 20815 10. Attached is an original certificate of existence, no more than 90 days old, dudy 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 certificato is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) and to roal property Signature of a member or an authorized representative of a tnember. (In accordance with section 608.406C), F.S., the execution of this document constitutes an affirmation under the populties of perjury that the facts stated herein are true.) Carolya Silva, Authorized Representative 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.

· · · · · · · · · · · · · · · · · · ·		CS Citrus LLC		
If unavailable, the	alternate to be used in th	e state of Florida is:		
2. The name and the	no Florida street address	of the registered agent and office are:		
_		Corporation System		
		(Name)		
_	1200	South Pine Island Road		09
	Florida Street Adi	fress (P.O. Box NOT ACCEPTABLE)		0CT
	Plantation	FL 33324	ASS	5 1
		City/State/Zip	EE, O	
liability company at agent and agree to relating to the prope obligations of my po	the place designated in t act in this capacity. I fun er and complete perform	to accept service of process for the above his certificate, I hereby accept the appoin ther agree to comply with the provisions o unce of my duties, and I am familiar with I as provided for in Chapter 608, Florida	ntment as registered of a regi	တ 🤻

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CS CITRUS LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OS OCT 16 AM 8: 59
SECRETARY OF STATE
ASECRETARY OF STATE

4742328 8300

090940692

AUTHENTICATION

DATE: 10-16-09

y verify this certificate unli