Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

From:

Account Name : C T CORPORATION SYSTEM EXAMINER Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company MUNB Loan Holdings, LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$125.00

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The e	nclosed *Application by Forci ence, and check are submitted	gn Limited Liability to register the above	Company is referenced	or Authoriza foreign limi	ation to T ited habili	ransact Busi iry company	ness in Flori to transact l	ids," Certificate o manness in Florid
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Encl	osed is a check for the fo	llowing amount:		•				
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SECINETARY OF STATE

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISIER A FOREIGN LIMITED LABITATY COMPANY TO TRANSACT BY ISINESS IN THE STATE OF BY ORDAY.

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1.	MUNB Loan Holdings, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the name of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lisbing manager," "L.L.C," "LLC,"	wnitten ity
_	Dolgware 2	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	October 19, 2009 5 Perpetual	
٦.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	upon tiling	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1111 Brickell Avenue, 29th Floor	
	Miami, FL 33131 (Street Address of Principal Office)	
	(Sireet 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:	
	Robert M. Parkinson, BNY Mellon 1111 Brickell Avenue, 29th Floor, Miumi, FL 33131	
	Julie B. Follosco, BNY Mellon One Wall Street, New York, NY 10286	
	George Malanga, BNY Meilon One Wall Street, New York, NY 10286	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipinsdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	ords in
11.	. Nature of business or purposes to be conducted or promoted in Florida; Disposition and maintenance of	
	cortain loans formerly gomediby Mellon United National Bank.	彭
,	(Q) () 2 ER	
	Signature of a member or an authorized representative of a member.	27
	(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.)	
	Robert Parkinson	P
	Typed or printed name of signee	<u> </u>

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.

) of Delta	Loan Holdings, LLC
MUNE	COM Holdings, LLC
If unavailable, the alternate to be used in th	ne state of Florida is:
2. The name and the Florida street address	of the registered agent and office are:
· c-	T Corporation System
	(Namo)
1200	South Pine Island Road
Florida Street Ad	dress (P.O. BOX <u>NOT</u> ACCEPTABLE)
Plantation	RI. 33324
	rL
	City/State/Zip
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete performa- obligations of my position as registered ager C T Corporation System	City/State/Zip to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the nt as provided for in Chapter 608, Florida Statutes.
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete performability of my position as registered agen C T Corporation System	City/State/Zip to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete performability of my position as registered agent C. T. Corporation System	City/State/Zip to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the nt as provided for in Chapter 608, Florida Statutes. Berbara A. Burke
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete performability of my position as registered agen C T Corporation System	City/State/Zip to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the nt as provided for in Chapter 608, Florida Statutes. Berbara A. Burke Special Assistant Secretary
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete performability of my position as registered agen C T Corporation System By: Chalara Charles (Signature)	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register there agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the nt as provided for in Chapter 608, Florida Statutes. Barbara A. Burke Special Assistant Secretary Filing Fee for Application Designation of Registered Agent



DEGE '

The First State

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

DELAWARE, DO HEREBY CERTIFY "MUNB LOAN HOLDINGS, 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 TWENTY-SEVENTH DAY OF MAY, A.D. 2010.

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

4742527 8300

100593297

You may verify this certificate online to corp. delaware. gov/authour white)

AUTHENTY CATION: 8021992

DATE: 05-27-10