Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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. **

| Email | Address: | | | |
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Foreign Limited Liability Company MMA Realty Capital, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

COVER LETTER

| | istration Section ision of Corporations | • | | | | |
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| SUBJECT: | MMA Realty Capita | al, LLC | | | | |
| | *** | | tited Liability Company | *************************************** | | |
| | | | pany for Authorization to Trenced foreign limited Habilit | | | |
| Picase return | all correspondence of | concerning this matter to the | c following: | | | |
| | | Virgin | ia Connolly | | | |
| | | Na | ime of Person | | | |
| | | Municipa | l Mortgage & Equity, | LLC | | |
| | , | Fi | rm/Company | , , , , , , , , , , , , , , , , , , , | 7 7 7 7 7 7 | |
| | | 621 E Fra | tt Street, Suite 300 |) | 選号 | Ţ |
| | | | Address | 9 | -7 AAY | |
| | | | ore, MD 21202 | i. | OF A | I |
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| | | ginny.conn | olly@munimac.com |)A | ir: - | |
| | | E-mail address: (to be used | for future annual report noti | ification) | | |
| For further in | formation concerning | g this matter, please call: | | | | |
| | Ginny Connolly | | at (<u>443</u>) <u>263-28</u> | | | |
| | Name o | of Person Area | Code & Daytime Telephone | e Number | | |
| MA | ILING ADDRESS: | STREE | T ADDRESS: | | | |
| Divi | sion of Corporations | | n of Corporations | • | | |
| - | stration Section | | ation Section | | | |
| | Box 6327 hassee, FL 32314 | | Building coutive Center Circle | | | |
| iain | 111035UU, I'W JAA 14 | | ssee, FL 32301 | | | |
| Enclosed is | a check for the fe | ollowing amount: | | | | |
| □ \$ | 125.00 Filing Fee | 图 \$130.00 Piling Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy | □ \$160.00 Filing Fee of Status & Co | e, Certificate ertified Copy | ; y |

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. | MMA Realty Capital, LLC |
|-----|--|
| • • | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| CO | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.") |
| 2 | Maryland 3. 20-4702162 |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. | 04/06/2006 5. Prepetual |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | Upon Qualification |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. | 621 East Pratt Street, suite 600, Baltimore, MD 21202 |
| ۲٠ | AN E |
| | (Street Address of Principal Office) |
| | (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 members or managers are as follows: |
| | MMA Financial Holdings, Inc. |
| | 621 East Pratt Street, Suite 600 |
| | Baltimore, MD 21202 |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and assistance of the certificate under cath of the translator must be submitted.) |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful |
| | business activities in which limited liability companies may engage in, in the State of Florida: |
| | Miguria Cecly |
| | Signature of a member or an authorized representative of a member. |
| | (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.) |
| | Virginia Connolly |
| | 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.

| If unavailable, the alternate to be used in the state of Florida is: | | V | |
|---|---|----------------|-----|
| 2. The name and the Florida street address of the registered agent and office are: | | | |
| C T Corporation System | SECR | ال 10 | |
| (Name) | HASSE | JN -7 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | OF S E. FL | AR M | |
| Plantation FL 33324 | TATE | 8:47 | |
| City/State/Zip | | | |
| Having been named as registered agent and to accept service of process for the above sta liability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with an | i <mark>en</mark> t as re all statut d accept | egistei Ies | red |
| agens and agree to act in this capacity. I further agree to comply with the provisions of a | ull statut d accept | es | |

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

By:

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MMA REALTY CAPITAL, LLC, FORMED APRIL 07, 2006, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 07, 2010.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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