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Special Instructions	to Fi	ling Officer:		<u>-</u>	
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Office Use Only



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RECEIVED 10 JUN 16 ANIB: 42

B. KOHR

JUN 2 9 2010

EXAMINER

BECRETARY OF STATE OF VISION OF CORPORATIONS



ACCOUNT NO. : 12000000195

REFERENCE: 417335

5142120

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: June 15, 2010

ORDER TIME : 10:27 AM

ORDER NO. : 417335-015

CUSTOMER NO: 5142120

Please give original submission date as file date.

FOREIGN FILINGS

NAME: BANKERS FUNDING COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XXX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2010

MATTHEW YOUNG CSC TALLAHASSEE, FL

SUBJECT: BANKERS FUNDING COMPANY, LLC

Ref. Number: W10000028828



RESUBMIT

Please give original submission data as file date.

We have received your document for BANKERS FUNDING COMPANY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 910A00014879

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S.	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATE OF FLORIDA:
, Bankers Funding Company, 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 consent of the managers or managing members adopting the alternation company," "LL.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2 Delaware 3.	41-2258563
(Jurisdiction under the law of which foreign limited liability company is organized)	perpetual (Diration: Year limited liability company will cease to exist or "perpetual") da, if prior to registration.) o determine penalty liability)
	perpetual 6 8
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	<u> မူ</u>
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 1 Home Campus, MAC X2401-05W	
Des Moines, IA 50328	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manag	ring members or managers are as follows:
Wells Fargo Ventures, LLC	
1 Home Campus, MAC X2401-05W	
Des Moines, IA 50328	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy in translation of the certificate under oath of the translation must be submit	snot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida:
to provide residential mortgage lending	
V _a C	Baker
Signature of a member or an auth (In accordance with section 608.408(3), F.S., an affirmation under the penaltics of perjury	orized representative of a member.
	, N.A., member of WFV, LLC

Typed or printed name of signee



J. THOMAS CARDWELL COMMISSIONER

STREET ADDRESS: 101 E. Gaines Street, Suite 636 PHONE (850) 410-9800 FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 E. Gaines Street, Tallahassee, FL 32399-0371
Visit us on the web: www.flofr.com Toll Free: (800) 848-3792

June 18, 2010

Ms. Karolyn Baker 1 Home Campus Mac X2401-05W Des Moines, IA 50328

Dear Ms. Baker

Re: Bankers Funding Company, LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely.

Linda B. Charity

Director

LBC;bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

OFFICE OF FINANCIAL REGULATION

CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

,	The corporate name proposed is: Bankers Funding Company, LLC
1	For Foreign Corporations: The alternate name (If necessary) is:
	The nature of the business to be transacted: +0 provide residential mortgage landing.
•	The proposed business will be located at: 1 Home Compus MAC X2401-05W Des Moines, IA 50328 Street Address City State Zip Code Telephone
•	List the principals involved In the proposed company: Wells Fargo Ventures, LLC I Home Campus, MACX2401-05W Des Moines, IA 50328

\	Name	Address	Telephone
Contact Person:	Karolyn Baker	1 Home Campus mac x2401-05W Des Moines, IA 50328	515-213- 5548

Return to:

Director, Division of Financial Institutions
Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371
(850) 410-9800 (850) 410-9548 (fax)

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.

Called to the fact of the first of the contract of

i. ine name c	of the Limited Liability Co	ompany is:	
Bankers Fur	iding Company, LLC		
If name unava	ilable, the alternate name	to be used in the state of Florida is:	
2. The name a	and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service	Company	
	(Name)		
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		City/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.

Corporation Service Company

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(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BANKERS FUNDING COMPANY, 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 FIFTEENTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BANKERS FUNDING COMPANY, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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22.00.15.10

AUTHENT

DATE: 06-15-10

ATION: 8055951

Jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp.delaware.gov/authver.shtml