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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

OCT 15 2010

EXAMINER

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	Red Mortgage Capital, LLC	
	(Name of	Limited Liability Company)
Florida," Ce		d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da
Please return	n all correspondence concerning the	his matter to the following:
	William Haras	
		(Name of Person)
	ORIX USA Corporation	
		(Firm/Company)
	1717 Main Street, Suite 90	0
		(Address)
	Dallas, TX 75201	ty/State and Zip Code)
	(Ci	ty/State and Zip Code)
For further i	information concerning this matte	r, please call:
Wil	liam Haras	at (214) 237-2115
	(Name of Person)	(Area Code & Daytime Telephone Number)
MA	ILING ADDRESS:	STREET ADDRESS:
	sion of Corporations	Division of Corporations
	Box 6327	Clifton Building
Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$130.00 Filing F Certific	

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. Red Mortgage Capital, 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 Florida and attach a copy of the wr. consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. May 6, 2010 5. Pepetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 2 Miranova Place, 12th Floor	
Columbus, OH 43215	
(Street Address of Principal Office)	tion.
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:	
Michael E. Cousins, 1717 Main Street, Suite 900 Dallas, TX 75201	
Brian T. Kelleher, 2 Miranova Place, 12th Floor Columbus, OH 43215	
Mark C. Beisler, 2 Miranova Place, 12th Floor Columbus, OH 43215	
 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Financial Services 	l s in
M. Z. Cosen	
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)

Typed or printed name of signee

Michael E. Cousins

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.

1. The name	of the Limited Liability C	ompany is:		
Red Mortg	age Capital, LLC			
If name unav	vailable, the alternate name	to be used in the state of Florida is:		
2. The name	and the Florida street add	ress of the registered agent and office a	are:	
	Corporation Service	e Company	Ze.	3
		(Name)		OCT IL AMBR
	1201 Hays Street		ARY SSE	F
	Florida Stree	t Address (P.O. Box <u>NOT</u> ACCEPTABLE)	E, F	i i
	Tallahassee	FL 32301	ORIC	ယ္ဆ
		City/State/Zip	A	
liability comp agent and age relating to the obligations o	oany at the place designated ree to act in this capacity. I e proper and complete perfo	and to accept service of process for the a l in this certificate, I hereby accept the a I further agree to comply with the provis ormance of my duties, and I am familiar agent as provided for in Chapter 608, Fi	ppointment as registered ions of all statutes with and accept the	ď
	\$ 100	0.00 Filing Fee for Application		

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "RED MORTGAGE CAPITAL, LLC" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "RED MORTGAGE CAPITAL, INC." TO "RED MORTGAGE CAPITAL, LLC", FILED THE FOURTH DAY OF MAY, A.D. 2010, AT 4:55 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE FOURTH DAY OF MAY, A.D. 2010, AT 4:55 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE SIXTH DAY OF MAY, A.D. 2010, AT 5:38 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE SIXTH DAY OF MAY, A.D. 2010, AT 5:38 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "RED MORTGAGE CAPITAL,

LLC".

4819818 8310

100961099

AUTHENTICATION: 8265560

DATE: 10-01-10

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

Delaware

PAGE 2

The First State

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

4819818 8310

100961099

AUTHENTICATION: 8265560

DATE: 10-01-10

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