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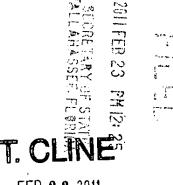
· (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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EXAMINER



February 15, 2011

LINDSEY DAMIC 2650 WARRENVILL ROAD (D1-YB59-05-9) DOWNERS GROVE, IL 60515

SUBJECT: FIRST MORTGAGE ASSOCIATES, LLC

Ref. Number: W11000009027

We have received your document for FIRST MORTGAGE ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 311A00003900

COVER LETTER

TO: Registration Section Division of Corporation	ons					
SUBJECT: First Morto	age Associates, l	LLC				
	Name of Lin	nited Liability Compan	y			
The enclosed "Application by I Existence, and check are submi	oreign Limited Liability Con tted to register the above refe	pany for Authorization renced foreign limited	n to Transact Business in Flor liability company to transact	ida," Cer business	tificate in Floric	of Ja
Please return all correspondence	e concerning this matter to the	e following:				
Lindsey L	Damic			_		
	Na	ame of Person				
PNC Partr	ership Solutions, LLC					
	Fi	rm/Company				
2650 War	renville Road (D1-YE	359-05-9)		350	2011 FEB	
		Address			ارا ا	**************************************
Downers (Grove, IL, 60515			ESS.	B 23	antio #****
	City/St	ate and Zip Code		Fig.		6274.73
Lindsev.[)amic@pncmortga	ge.com			125	
	E-mail address: (to be used	for future annual repo	rt notification)	<u> </u>	€ ⊘	
For further information concern	ing this matter, please call:			jbr.	e/1	
Lindsey Damic	·	_{at (} 630) 7	795-3047			
	e of Person Area	a Code & Daytime Tele				
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns Division Registra Clifton 2661 Ex	er Address: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301				
Enclosed is a check for the	 • · · · · - - · · · · · · · · · · · · · · · · · · ·	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certified Co			

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:

First Mortgage Associates, 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 consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C," "LLC.")	and attach a copy of the written include "Limited Liability
2. Delaware 3. N/A	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately approximately company is organized)	plicable)
4. 1/24/2011 5. Perpetual	
(Date of Organization) (Duration: Year limited liability exist or "perpetual")	company will cease to
6. N/A	700
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	李洁 田 下
7. 9174 Glades Road, Boca Raton, FL 33434	ASS.
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	Z: 25 PRIDA
9. The name and usual business addresses of the managing members or managers ar	re as follows:
John Walter, VP, PNC Partnership Solutions, LLC. Managing Member	
2650 Warrenville Rd. (D1-YB59-05-9)	·
Downers Grove, IL, 60515	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is intranslation of the certificate under cath of the translator must be submitted.)	cial having custody of records in n a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida:	
Origination of Residential Mortgage Loans	,
of D. Wilt	
Signature of a member or an authorized representative of a me	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affi penalties of perjury that the facts stated herein are true, I am aware that any false informat document to the Department of State constitutes a third degree felony as provided for John D. Walter	tion submitted in a
Typed or printed name of signee	

02/01/2011 13:29 FAX 9379101838

CANON

Ø 005/005

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:	
2. The name and the Florida street address of the registered agent and office are	:
Corporation Service Company	<u> </u>
(Name)	r- (
1201 Hays Street, Suite 400	D- 3
Florida Street Address (P.O. Box NOT ACCEPTABLE)	60 5 177 173 173
Tallahassee, FL 32301	77 Y
City/State/Zip	第3

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.

Jacqueline N. Casper, Assistant VP

Acqueline N. Casper, Assistant VP

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (eptional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST MORTGAGE ASSOCIATES 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 FEBRUARY, A.D.

2011.

4073445 8300

110161041

AUTHENT (CATION: 8563987

DATE: 02-16-11

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