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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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B. KOHR

JUL -8 2011

EXAMINER



300209414463

07/06/11--01018--015 **125.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY MORTGAGE SERVICES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida? Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida

Please return all correspondence concerning this matter to the following:

Name of Person	
es LLC	
Firm/Company	
Suite 106	
Address	
City/State and Zip Code	
com	
(to be used for future annual r	eport notification)
ease call:	
_{at (} 615	, 724-4100 ext 125
Area Code & Daytime	·/
STREET ADDRESS:	
	cle
Tallahassee, FL 32301	
ount:	
-	es LLC Firm/Company Suite 106 Address City/State and Zip Code COM (to be used for future annual rease call: at (615 Area Code & Daytime STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

INTEL LABILITY CONTAIN TO TRAINSACT BUSINESS IN THE STATE OF FLORIDA;	்
QUALITY MORTGAGE SERVICES,LLC	_ 2
(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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab	e writter sility
Company," "L.L.C," "LLC.")	,
z_TENNESSEE	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_
_{I.} 1/6/1999 _{5.} PERPETUAL	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
5. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
1646 WESTGATE CIRCLE SUITE 106	
BRENTWOOD, TN 37027	
(Street Address of Principal Office)	_
8. If limited liability company is a manager-managed company, check here 🗸	
The name and usual business addresses of the managing members or managers are as follows:	
THOMAS A DUNCAN 1646 WESTGATE CIRCLE SUITE 106 BRENTWOOD TN 3702	7
THOMAS F DUNCAN 1646 WESTGATE CIRCLE SUITE 106 BRENTWOOD, TN 37027	7
	_
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of repurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	- xcords in
1. Nature of business or purposes to be conducted or promoted in Florida: AMC SERVICES	_

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS A DUNCAN

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.

QUALITY MORTGAGE SERVICES LLC If unavailable, the alternate to be used in the state of Florida is:		
	Incorp Services, Inc.	
	17888 67TH COURT NORTH Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	LOXAHATCHEE FL 33470 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.

On behalf it Incorp Services, Inc. (Signature)

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



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JENNIFER SILISKI - QUALITY MORTGAGE SERVICES

1646 WESTGATE CIRCLE - STE 106 Brentwood, TN 37027

June 9, 2011

Request Type: Certificate of Existence/Authorization

Request #:

0040408

Issuance Date: 06/09/2011

Copies Requested:

Document Receipt

Receipt #: 488057

Filing Fee:

\$20.00

Payment-Check/MO - WMS VALUATIONS, Brentwood, TN

\$20.00

Regarding:

QUALITY MORTGAGE SERVICES, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 01/06/1999

Status:

Active

Duration Term: Perpetual

Control #:

363696

Date Formed:

01/06/1999

Formation Locale: Williamson County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

QUALITY MORTGAGE SERVICES, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling