MINUUU 3701

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	- 10-20-1-10
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

JUL 2 1 2011

EXAMINER



700209779587



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	120000000199

REFERENCE : 853317

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE: July 21, 2011

ORDER TIME : 1:07 PM

ORDER NO. : 853317-020

CUSTOMER NO: 5142120

FOREIGN FILINGS

NAME: CENTENNIAL HOME MORTGAGE, 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:

COVER LETTER

TO:		ration Section . on of Corporations		,
SUBJI	ECT: C	entennial Home Mortgage, L	LC	
		Na	ame of Limited Liability.Compa	my
				on to Transact Business in Florida," Ce d liability company to transact business
Please	return al	correspondence concerning this m	natter to the following:	
		Karolyn Baker		
			Name of Person	
		Wells Fargo Ventures, LLC		
			Firm/Company	
		One Home Campus, MAC	X2401-05W	
			Address	
		Des Moines, IA 50328		
			City/State and Zip Code	
		E-mail address:	(to be used for future annual rep	port notification)
For fur	ther info	rmation concerning this matter, ple	rase call:	
	Lisa B	instock	at (515	213-5306
		Name of Person	Area Code & Daytime To	
	Division Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	૯
		check for the following amo 0 Filing Fee \$\int_{\text{State}}\$130.00 Filing F Certificate of States	Fee & S155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

	(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
conse	ne unavailable, enter alternate name adopted for the purpose nt of the managers or managing members adopting the altern any," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. De	elaware 3.	
(Jui	isdiction under the law of which foreign limited liability pany is organized)	(FEI number, if applicable)
4. 03	/16/2006 5.	Perpetual
_	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. UI	oon Qualification	
·	(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. <u>Or</u>	ne Home Campus, MAC X2401-05W	
De	es Moines, IA 50328	
	(Street Address of	Principal Office)
8. If	limited liability company is a manager-managed co	ompany, check here
9. Ti	ne name and usual business addresses of the manag	ging members or managers are as follows:
<u>v</u>	Vells Fargo Ventures, LLC	
<u>C</u>	ne Home Campus, MAC X2401-05W	
D	es Moines, IA 50328	
thejuni	tached is an original certificate of existence, no more than 90 day sdiction under the law of which it is organized. (A photocopy is ion of the certificate under oath of the translator must be submit	
11. N	lature of business or purposes to be conducted or p	romoted in Florida:
To	provide residential mortgage lending.	

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.)

Karolyn Baker, Vice President of Wells Fargo Bank, N.A.

Typed or printed name of signee

Member of Wells Fargo Ventures, LLC

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 Co	ompany is:
Centennial Home Mortgage, LLC	
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street addr	ess of the registered agent and office are:
Corporation Service Cor	трапу
	(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

Matthew Young
Asst. V. Pres.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "CENTENNIAL HOME MORTGAGE, 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 TWENTY-FIRST DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTENNIAL HOME MORTGAGE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2006.

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

4124187 8300

110843583

AUTHENTY CATION: 8916297

DATE: 07-21-11

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