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SEURETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

AUG 17 2011

**EXAMINER** 

#### **COVER LETTER**

**TÓ:** Registration Section Division of Corporations

## SUBJECT: University Lending Group, 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..

Please return all correspondence concerning this matter to the following:

Sandy Ma		Name of Person	
Mark K Ra	abidoux, PLC		
<del></del>		Firm/Company	
343 S. M	ain Street, S	suite 201	
<del></del>		Address	<del></del>
Ann Arbo	r, MI 48104		
	· <del>····</del>	City/State and Zip Code	As -
smmamo	o@sbcgloba	al.net	TAH T
<del> </del>		s: (to be used for future annual report notification)	PUS 16 CRETARY LAHASSE
her information concer	ming this matter, p	blease call:	مد ن
Sandy Mamo	ming this matter, p	at (248 ) 225-3908	OF SIX
Sandy Mamo	ning this matter, p	•	10 m
Sandy Mamo	me of Person	at (248 ) 225-3908	OF SIX

## 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. University Lending Group, 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 at consent of the managers or managing members adopting the alternate name. The alternate name must inclu Company," "L.L.C," "LLC.")	ttach a copy of the	- writter
2. Michigan (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-1717830 (FEI number, if applicab	le)	_
4. 01/10/2008  (Date of Organization)  5. perpetual (Duration: Year limited liability compexist or "perpetual")	oany will cease to	_
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 30500 Northwestern Highway, Suite 201	II AUG I	
Farmington Hills, MI 48334  (Street Address of Principal Office)	SSEE. FLO	- M
8. If limited liability company is a manager-managed company, check here	TAFE ORIDA	
<ol> <li>The name and usual business addresses of the managing members or managers are as a Randy Fosgard 30500 Northwestern Highway, Suite 201, Farmington Hills</li> </ol>		_
Marianne Opt 30500 Northwestern Highway, Suite 201, Farmington Hills	, MI 48334	_
Jess Monticello 30500 Northwestern Highway, Suite 201, Farmington Hills	, MI 48334	_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fortranslation of the certificate under oath of the translator must be submitted.)	-	cords in
11. Nature of business or purposes to be conducted or promoted in Florida: mortgage	lending	-
M-A	_	<u>-</u> '
Signature of a member or an southorized representative of a member		

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.)

Marianue Opt, Member Typed or printed name of signee

# 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 Company is:			
University Lending Group, LLC			
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:	÷		
CT Corporation System	TALLA	<b>≓</b>	4550000
(Name)	HASS	91 SN	-
1203 Governors Square Blvd., Suite 101	Y O	۱ <u>حور</u>	T
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLOF FLOF		

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.

City/State/Zip

Tallahassee

(Signature) Assistant Secretary
Katie Markowski

32301-2960

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



### Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### UNIVERSITY LENDING GROUP, LLC

was validly organized on January 10, 2008 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E0256F In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of August, 2011

Direct

Bureau of Commercial Services