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D. BUTLER

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Lexington Investment Mortgage Company, 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:



E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

Laryssa McConnaughhay at 859 523-2464

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

N/A (If name unavailable, enter alternate name adopted	d for the purpose of transacting business in Florid	a and attach a copy of the written
consent of the managers or managing members ad Company," "L.L.C," "LLC.")	lopting the alternate name. The alternate name mu	st include "Limited Liability
_{2.} KY	3 90-0089024	
(Jurisdiction under the law of which foreign lim company is organized)	nited liability (FEI number, if a	pplicable)
4. April 2003		
(Date of Organization)	(Duration: Year limited liabili exist or "perpetual")	
6. N/A	enter of perpendial)	R
(Date first transacted	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	37
	·	H 2
_{7.} 128 Kentucky Avenue, Suit	16 112	
	10 112	7
Lexington, KY 40502	Street Address of Principal Office)	
Lexington, KY 40502	Street Address of Principal Office)	7
Lexington, KY 40502 8. If limited liability company is a manage	Street Address of Principal Office) ger-managed company, check here	7
Lexington, KY 40502 8. If limited liability company is a manage 9. The name and usual business addresses	Street Address of Principal Office) ger-managed company, check here	7
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Lexington, KY 40502 8. If limited liability company is a manage 9. The name and usual business addresses Scott M. Mayes	Street Address of Principal Office) ger-managed company, check here	7
Lexington, KY 40502 8. If limited liability company is a manage 9. The name and usual business addresses Scott M. Mayes 128 Kentucky Avenue, Ste Lexington, KY 40502 10. Attached is an original certificate of existence, not the jurisdiction under the law of which it is organized translation of the certificate under oath of the translation.	Street Address of Principal Office) ger-managed company, check here es of the managing members or managers e 112 no more than 90 days old, duly authenticated by the ced. (A photocopy is not acceptable. If the certificate ator must be submitted.)	are as follows: official having custody of records in a foreign language, a
Lexington, KY 40502 8. If limited liability company is a manage 9. The name and usual business addresses Scott M. Mayes 128 Kentucky Avenue, Ste Lexington, KY 40502 10. Attached is an original certificate of existence, not the jurisdiction under the law of which it is organized.	Street Address of Principal Office) ger-managed company, check here es of the managing members or managers e 112 no more than 90 days old, duly authenticated by the ced. (A photocopy is not acceptable. If the certificate ator must be submitted.)	are as follows: official having custody of records in a foreign language, a
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Typed or printed name of signee

Scott M. Mayes

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:			
Lexington Investment Moragage Co. LLC	<u> </u>		. e
If unavailable, the alternate to be used in the state of Florida is:			
∧ A		-	_
2. The name and the Florida street address of the registered agent and office are:		APR 19	
Samuel Worley (Name)	— # 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	
657 Binnacle Drive Florida Street Address (P.O. BOX NOT ACCEPTABLE)	VEINO	2:17	
Naples FL 34103	_		
Having been named as registered agent and to accept service of process for the above	stated lii	mited	

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 137640
Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx, to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky do hereby certify that according to the records in the Office of the Secretary of State

LEXINGTON INVESTMENT MORTGAGE COMPANY, LLE

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 6, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filled; and that the most recent annual report required by KRS\14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11th day of April, 2013, in the 221st year of the Commonwealth.

CONTENTION OF THE PARTY OF THE

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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