## M13000004221

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
| CJUL1=18, 50,124                        |  |  |  |  |  |
| S. TONER                                |  |  |  |  |  |
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Office Use Only

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06/06/13--01014--022 \*\*87.50

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



### RECEIVED

13 JUN 28 PM 2: 17

### FLORIDA DEPARTMENT OF STATE Division of Corporations Division of Corporations TALLAHASSEE, FLORIDA

June 10, 2013

MATT NICHOLS 6000 FAIRVIEW ROAD SUITE 1200 CHARLOTTE, NC 28210

SUBJECT: DEEPHAVEN MORTGAGE, LLC

Ref. Number: W13000033629

We have received your document for DEEPHAVEN MORTGAGE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 013A00014485

A 18 100

www.sunbiz.org

CR2E027 (9/10)

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Deephaven Mortgage 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:  |
| MATT NICHOIS  Name of Person   |
| Deephaven mortgage LLC Firm/Company  Good FAIRVIEW RD Suite 1200  Address  |
| 6000 FAIRVIEW RD SUITE 1200  |
| CHARIOTTE NC 28210  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| DAVID NITKA at (704) 312 2-208  Name of Person Area Code & Daytime Telephone Number  |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301   |
| Enclosed is a check for the following amount:  \$\mathbb{\text{\text{\text{\text{Enclosed}}}} \text{ is a check for the following amount:} \$\mathbb{\text{\tikt}\text{\tikt}\text{\tiktext{\text{ |

#### 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 RECLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  | GISTER A                  | FOR          | EIGN   |
|---|---------------------------|--------------|--------|
| 1. DeepHAVEN mort gage LLC (Name of Foreign Limited Liability Company, "must include "Limited Liability Company," "L.L.C.," or "I   | LLC.")                    | <del></del>  |        |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Li Company," "L.L.C," "LLC.")  | copy of the               | he wri       | itten  |
| 2. Dela wake (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45 56 33 615 (FEI number, if applicable)  |                           |              |        |
| 4. June 19 2012 5. Per Petual (Duration: Year limited liability company vexist or "perpetual")  | 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. 6000 FAIRVIEW RD SUITE 1200  CHARIOTTE NC 282LO  (Street Address of Principal Office)  | 三路 5                      | ಮ            |        |
| CHARIOTTE NC 28210  | <b>建筑</b>                 | ا<br>ا       | -T}    |
| (Street Address of Principal Office)  |                           | 27           |        |
| 8. If limited liability company is a manager-managed company, check here 🔀  | Fig.                      |              |        |
| 9. The name and usual business addresses of the managing members or managers are as follo   | ws:                       | ্ৰ<br>প      |        |
| 6000 FAIRVIEW RD SUITE 1200   |                           | ۲۰           |        |
| CHARIOTTE NC 2820   |                           | <del>-</del> |        |
| MATT NECHOLS  |                           |              |        |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under oath of the translator must be submitted.) | g custody o<br>yn languag | of reco      | ords i |
| 11. Nature of business or purposes to be conducted or promoted in Florida:  |                           |              |        |
| Mortgage LOANS  |                           | <u></u> .    |        |
|   |                           |              |        |
| 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 und penaltics of perjury that the facts stated herein are true. I am aware that any false information submitt document to the Department of State constitutes a third degree felony as provided for in s.817.1                | ted in a                  |              |        |
| Typed or printed name of signee   |                           |              |        |
| 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:

| 2. The name | and the Florida street a | nddress of the regis | stered agent and offi | ce are:  |
|-------------|--------------------------|----------------------|-----------------------|----------|
|             | NRAI                     | Service              | es INC                |          |
|             | 1200                     | South                |                       | SIAND RD |
|             | PLANTATI                 | ION ;                | 3336                  | 14       |
|             | 1 1 2 1 1 2 1 2 2 2      | City/Sta             | nte/Zip               |          |

NRAI Services, Inc.
By: Kinberly Steinmets

Statutes.

\$ 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

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "DEEPHAVEN MORTGAGE LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN
CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW
AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF JUNE,

A.D. 2012, AT 4:11 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "DEEPHAVEN MORTGAGE LLC".

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

5172413 8310

130668343

AUTHENTICATION: 0463751

DATE: 05-28-13

You may verify this certificate online