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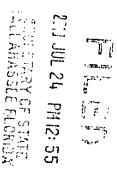
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## Charter Oak 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:

Do	onald DeF	Resp	inis			
<del></del>	······································	Na	ame of Person			
		Fi	rm/Company			
5 I	Plantation	n Ct				
<del></del>			Address			
Be	ethel, CT	6801				
		City/St	tate and Zip Code			
da	nbury@s				35574/3787 3577/4/3787 12 701 5.23	CO.
	E-mail address	: (to be used	for future annual report noti	fication)		Consci
For further information	concerning this matter, pl	ease call:			の前へ	E SHIP
			000 77	0 0000	C11	
Don 1	DeRespin	IIS	203 \ / /	8-9999	775	រូវ ម
	Name of Person		a Code & Daytime Telephone		PHIZ: 50	Service:
MAILING AD			ET ADDRESS:		.01	
Division of Cor			n of Corporations			
Registration Se P.O. Box 6327	ction	_	ation Section Building			
Tallahassee, Fl.	. 32314		xecutive Center Circle			
			ssee, FL 32301			
Enclosed is a check	for the following amo	ount				
□ \$125.00 Filis			□ \$155.00 Filing Fee &	■ \$160.00 Filing	Fee Certificate	
_ 4.25.30	Certificate		Certified Copy	of Status & Ce		

#### 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.  1. Charter Oak Lending Gr		rondo
(Name of Foreign Limited Liability Con	mpany; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adoptonsent of the managers or managing members Company," "L.L.C," "LL.C.")	pted for the purpose of transacting business in Florida and attach a copy of the sadopting the alternate name. The alternate name must include "Limited Liabi	 e written ility
<sub>2.</sub> Connecticut	limited liability 3. 06-1560630 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign I company is organized)	limited liability (FEI number, if applicable)	
4. Oct 1999	<sub>5.</sub> perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	<u> </u>
6		
(Date first transact (See sections 608.50	eted business in Florida, if prior to registration.) 01 & 608.502 F.S. to determine penalty liability)	_
<sub>7.</sub> 5 Plantation Ct		
Bethel, CT 06801	7.5	- ang
	(Street Address of Principal Office)	5 TEST
3. If limited liability company is a man	nager-managed company, check here	•
9. The name and usual business address	sses of the managing members or managers are as follows:	The a
Donald DeRespinis	10 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.9 2
5 Plantation Ct		
Bethel, CT 06801		_
<u> </u>	e, no more than 90 days old, duly authenticated by the official having custody of nized. (A photocopy is not acceptable. If the certificate is in a foreign language, aslator must be submitted.)	
11. Nature of business or purposes to be	oe conducted or promoted in Florida: Mortage Broker Busines	s
		<b>_</b> •
	ember or an authorized representative of a member.	
(In accordance with section 608.40) penalties of perjury that the facts s	08(3), F.S., the execution of this document constitutes an affirmation under the stated herein are true. I am aware that any false information submitted in a	
document to the Department of	of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Donald DeR	(espinis	

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,

	NED LIMITED LIABILITY C		
STATE OF FLOR	DESIGNATE A REGISTERI	ED OFFICE AND REGIST	ERED AGENT IN THE
STATE OF TEUR	IIDA,		
	ne Limited Liability Company i		
Charter	Oak Lending (	Group, LLC	

2. The name and the Florida street address of the registered agent and office are:

### Debra Killian

If unavailable, the alternate to be used in the state of Florida is:

(Name)

## 4974 SE Devenwood Way

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Stuart, FL 34994

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 **Designation of Registered Agent** 

\$ 30.00 **Certified Copy (optional)** 

5.00 Certificate of Status (optional) Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### CHARTER OAK LENDING GROUP, LLC

a domestic limited liability company, were filed in this office on October 15, 1999.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: July 19, 2013

Business ID: 0632738 Express Certificate Number: 2013205378001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov