M9800000069

Qualification/Tax Lien Section

To:

TRANSMITTAL LETTER

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Dear Sir or Madam:		-		-	92/31/ ******7	'9781:	1 :3:5 04000 *****70
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Please return all corre	spondence conce	ming this matter	to the following:				
N	ancy T. Dell			<u></u>		_	
		(Name of	Person)				•
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		(Firm/Co	mpany)		****2]	1500	****215
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Nancy T. Dell (Name of Personal Company of Corporation of Corporation of E. Gaines St. affahassee, FL 32399	Section	(City/Star eming this matter at (410	, please call:) 363-4799 Code & Daytime Tel MAILING ADDRI Qualification/Tax L Division of Corpora P.O. Box 6327	ephone Notes that the sections and the sections are sections and the sections are sections and the sections are sections.	TAX————————————————————————————————————	215.	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 5, 1998

NANCY T. DELL PRESTIGE HOME MORTGAGE, LLC 11421 CRONHILL DRIVE, SUITE E OWINGS MILLS, MD 21117

SUBJECT: PRESTIGE HOME MORTGAGE, LLC

Ref. Number: W98000000138

We have received your document for PRESTIGE HOME MORTGAGE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

You have completed the wrong application. Please complete the attached form and return it with the additional fee that is due.

Please return 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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 098A00000211

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:

isdiction under the law of which foreign limited liability (FEI number, if applicable) appany is organized) 6/6/96 (Date of Organization) N/A-Not currently Licensed (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, FS.) 11421 Cronhill Drive, Suite E Owings MIlls, MD 21117 (Street address of principal office) t name, title, and business address of each managing member [MGRM] or manager [MGR] who I manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: Matthew L. Martinkus President 409 Terrace Way Toswson, MD 21204 Nancy T. Dell 16303 Dark Hollow Road Upperco, MD 21155	contained in the name at present.) Maryland	3	52-1980058	
(Date of Organization) (Organization) (Street address of principal office) (Street address of pri	risdiction under the law of which foreign	limited liability	(FEI number	, if applicable)
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Matthew L. Martinkus President 409 Terrace Way Toswson, MD 21204 Nancy T. Dell V.P. 16303 Dark Hollow Road	ll manage the foreign limited liabili	ty company in Flo	orida: (attach additional	page if necessary)
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Nancy T. Dell V.P. 16303 Dark Hollow Road	NAME & ADDRESS:			
Nancy T. Dell V.P. 16303 Dark Hollow Road	,	TITLE:	NAME & ADDRES	
16303 Dark Hollow Road	Matthew L. Martinkus	TITLE:	NAME & ADDRES	
16303 Dark Hollow Road	Matthew L. Martinkus 409 Terrace Way	TITLE:	NAME & ADDRES	
	Matthew L. Martinkus 409 Terrace Way Toswson, MD 21204	TITLE:	NAME & ADDRES	
Upperco, MD 21155	Matthew L. Martinkus 409 Terrace Way Toswson, MD 21204	TITLE:	NAME & ADDRES	
	Matthew L. Martinkus 409 Terrace Way Toswson, MD 21204 Nancy T. Dell	TITLE: President CR V.P.	NAME & ADDRES	
	Matthew L. Martinkus 409 Terrace Way Toswson, MD 21204 Nancy T. Dell 16303 Dark Hollow Re	TITLE: President CR V.P.	NAME & ADDRES	
	Matthew L. Martinkus 409 Terrace Way Toswson, MD 21204 Nancy T. Dell 16303 Dark Hollow Re	TITLE: President CR V.P.	NAME & ADDRES	

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:	
Prestige HOme MOrtgage, L.L.C.	
2. The name and address of the registered agent and office is:	
Karen Wengren	
(Name)	78 98
544 Carrigan Avenue	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	2 2
Oviedo, FL 32765	7 <u>□</u>
(City/State/Zip)	200

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.

haren wengsen 1-14-98 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
Prestige Home Mortgage, L.L.C. deposes and says:	
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 20,000
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	s <u> </u>
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ <u>\$</u>
5) the total amount of cash or property anticipated to be contributed by member(s) is	98 98 98 98 98 98 98 98 98 98 98 98 98 9
Signature of a member or authorized representative of a member of authorized representative of authorized representative of authorized representative of a member of a member of authorized representative of a member of authorized representative of a member of a member of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of a member of a member of a member of a mem	estate control of the

Filing Fee: \$250.00 for Application and Affidavit

STATE OF MARYLAND

542751

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, JACQUELINE C JAMES OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHT OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PRESTIGE HOME MORTGAGE, LLC
IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS
OF THE STATE OF MARYLAND AND THAT SAID LIMITED LIABILITY
COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT
BUSINESS.

27 M W 00



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 16TH DAY OF JUNE, 1997.

JACQUELINE C JAMES OFFICE SUPERVISOR 1

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