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June 1, 1999

Division of Corporations Florida Secretary of State Post Office Box 6327 Tallahassee, Florida 32314 100002911581--2 -06/22/99--01007--009 ****293.75 ****293.75

Re: Application for Certificate of Authority - Nations Mortgage Investments Co., LLC [PBJ&M File No. 1794.27]

Dear Sir/Madam:

m99-954

On behalf of Nations Mortgage Investments Co., LLC, I am enclosing the following:

- 1. One (1) original and one (1) exact copy of an Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida;
- 2. One (1) original and one (1) exact copy of an Affidavit of Membership and Contributions of Foreign Limited Liability Company;
- 3. A Georgia Certificate of Existence;
- 4. A check in the amount of \$293.75, payable to the order of the Florida Department of State, which amount includes the applicable filing fees and the fee for a Certificate of Status.

Please process this filing in your normal manner. Please call me at the above telephone number if you need additional information.

Thank you for your cooperation.

Sincerely,

Richard W. Jones

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:

Nations Mortgage I (Name of foreign limited liability company must so contained in the name at present.)	Investments (t end with the wor	Co., II.C ds "limited company" or their abbrevi	ation "L.C." if not
Georgia (Jurisdiction under the law of which foreign limit company is organized)	3. ited liability	Applied for (FEI number, if applica	ble)
4. 12/04/95 (Date of Organization)	5	December 30, 2 (Duration: Year limited liability comexist or "perpetual")	2030 npany will cease to
6. <u>Upon qualification in Floric</u> (Date first transacted business in	la n Florida. (See se	ctions 608.501, 608.502, and 817.155	, F.S.)
7. <u>1669 Phoenix Pkwy., Ste. 150</u>)		
Atlanta, GA 30349	Cture address of	principal office)	
. List name, title, and business address of	each managing	member[MGRM] or manager	[MGR]who
3. List name, title, and business address of will manage the foreign limited liability NAME & ADDRESS:	each managing company in FI	g member[MGRM] or manager orida: (attach additional page if NAME & ADDRESS:	[MGR]who necessary) TITLE:
will manage the foreign limited liability	TITLE:	orida: (attach additional page ii	necessary)
will manage the foreign limited liability NAME & ADDRESS: W.D. Everitt, Jr 1669 Phoenix Pkwy., Ste. 150	TITLE:	orida: (attach additional page ii	necessary)
will manage the foreign limited liability NAME & ADDRESS: W.D. Everitt, Jr 1669 Phoenix Pkwy., Ste. 150	TITLE:	orida: (attach additional page ii	TITLE: 99 JUN 22 PI SECRETARY C TALLIANASSEE
will manage the foreign limited liability NAME & ADDRESS: W.D. Everitt, Jr 1669 Phoenix Pkwy., Ste. 150	TITLE:	orida: (attach additional page ii	necessary)

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofN	Nations Mortgage		
Investments Co., LLC certifies:			
1) the above named limited liability company has at least one member;			
2) the total amount of cash contributed by the member(s) is	\$.	1,000 ;	
3) if any, the agreed value of property other than cash contributed by mem (A description of the property is attached and made a part hereto.) and	ber(s) is \$;	
4) the total amount of cash and property contributed and anticipated to be by member(s) is (This total includes amounts from 2 and 3 above.)	contributed \$	1,000	
Signature of a member or an authorized representation (In accordance with section 608.408(3), Florida Statutes, the executa affidavit constitutes an affirmation under the penalties of perjury the stated herein are true.)	ition of this	r.	
W.D. Everitt, Jr.			
Typed or printed name of signee Filing Fee: \$250.00 for Application and	7	99 JUN 22 PH 12: 56	

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 Comp	any is:			-
			estments Co., LLC		
2. The name and	d the Florida street address	of the registered a	gent and office are:	se =	
	Corporat	ion <u>Service Co</u> (Name)	mpany	_	- 1
	1201 Hays Stre	eet ress (P.O. Box <u>NOT</u>	ACCEPTABLE)	- .	÷
	Tallahassee	FL City/State/Zip	32301	 ·-	•••
liability compan registered agent statutes relating	med as registered agent and by at the place designated in t and agree to act in this cap to the proper and complete ations of my position as regi	this certificate, I h acity. I further ag performance of m	ree to comply with the	ntment as provisions of al	l
	rah D. Skippe			UN 22 PH 12: AHASSEE FLOI	コニロロ
	(Signature)	-			•

Filing Fee: \$ 35 for Designation of Registered Agent

Deborah D. Skipper, As agent

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

: K91380321 DOCKET NUMBER CONTROL NUMBER : K536087 DATE INC/AUTH/FILED: 12/04/1995 : GEORGIA JURISDICTION : 05/18/1999 PRINT DATE

: 211 FORM NUMBER

PERRIE BUKER JONES & MORTON, P.C. LESLIE KAUFMAN 115 PERIMETER CENTER PL. STE. 170 ATLANTA, GA 30346

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> NATIONS MORTGAGE INVESTMENTS CO., LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State:

Secretary of State:

This certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the abovethe certificate relates only to the legal existence of the legal exi named entity as of the date issued. named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that Said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State