#### 255 WASHINGTON AVENUE EXTENSION ALBANY, NEW YORK 12205

TELEPHONE (518) 452-1961 FAX (518) 452-4230 E-MAIL: BURCAS@BURKECASSERLY-COM

Of Counsel Richard E. Rowlands

July 20, 1999

400002940784--4 -07/26/99--01036--017 \*\*\*\*311.25 \*\*\*\*\*311.25

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 W99-17464

RE: Filing of Foreign LLC - Tidewater Mortgage Company, LLC

Dear Sir or Madame:

Enclosed please find the following for filing:

1. Original Certificate of Existence duly authenticated by New York Secretary of State;

2. Completed application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;

3. Certificate of Designation of Registered Agent;

4. Resolution of Managing Members or Managers; and

5. A check in the amount of \$311.25 representing the fee for filing the application and affidavit, designation of registered agent, and certificates of status.

Upon the filing of the above documents, please forward filing receipt to myself at the above address together with the Certificates of Status. If there is anything else that is needed, please contact me... Thank you.

Yours truly,

8/10

James A. Fauci

JAF/amd

**Enclosures** 



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 1999

BURKE CASSERLY & GABLE PC 255 WASHINGTON AVE, EXTENSION ALBANY, NY 12205

SUBJECT: TIDEWATER MORTGAGE COMPANY LLC

Ref. Number: W99000017464

We have received your document for TIDEWATER MORTGAGE COMPANY LLC and your check(s) totaling \$311.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have provided a certificate of incorporation that is not what we require in order to process the filing. You would need to obtain a certificate of existence (good standing) from your Secretary of State.,

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 399A00038506

## 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:

lidewater Mortgage Company, TIC Name of foreign limited liability company o contained in the name at present.)	must end with the	words "limited company" or their abb	reviation "L.C." if not
•	•	~ Fild ~	• .
urisdiction under the law of which foreign ompany is organized)	n limited liability	3. Mft (FEI number, if app	licable)
6/30/99		56/30/2299	
(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	mpany will cease to
UPON QUALIFICATION	1	•	
(Date first transacted busine	ess in Florida. (See	sections 608.501, 608.502, and 817.15	5, F.S.)
Pinewest Plaza, Bldg, 3			• • • • • • • • • • • • • • • • • • • •
Albany NY	(Street address of	principal office)	
·	(Ontool addition) Of	principal office)	
if manage the foreign limited habili	ity company in F	ng member[MGRM] or manager Florida: (attach additional page if	necessary)
NAME & ADDRESS:	ity company in F	Torida: (attach additional page if	necessary) TITLE:
if manage the foreign limited habili	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Coyle	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	Torida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	Torida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	Torida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	Torida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Thomas Chyle  Pinewest Plaza, Bldg. 3	ity company in F	Torida: (attach additional page if	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 of $\underline{}$	idevater Mortcace
Company, IIC 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	\$ 1.00
3) if any, the agreed value of property other than cash contributed by men (A description of the property is attached and made a part hereto.) and	nber(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.)	\$ 5 55
Thomas Coope	9: 20
Signature of a member or an authorized representation (in accordance with section 608.408(3), Florida Statutes, the exe affidavit constitutes an affirmation under the penalties of perjury stated herein are true.)	cution of this
Thomas Chyle  Typed or printed name of signee	
Typed of printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

### 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 L	imited Liability Comp	oany is:		
	Tidewater V	ortgage Company.	IIC	
2. The name and the	Florida street address	of the registered	agent and office are:	
<u></u>	omas Coyle			
	<b>4</b>	(Name)		t)
				S <u>Z</u>
5	985 Bloomfield Circle,	Abt. D-204		_ 3 3
<del></del>		ress (P.O. Box NO	T ACCEPTABLE)	— <i>。</i>
N	joles,	FL -	32114	— 9. %. — 9. %.
		City/State/Zip		· 경취 2 대체
				0 13

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.

Homes Congles
(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

# State of New York Department of State

I hereby certify, that TIDEWATER MORTGAGE CO., LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 06/30/1999, and that the limited liability company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of August one thousand nine hundred and

Special Deputy Secretary of State

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