F01000004899

TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT: EAGLE	HOME MORTGAGE, INC	NC."	
		oration - must include suffix)	
Dear Sir or Madam:			
	", and check are submitted	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation	
Please return all correspondent	ondence concerning this m	matter to the following:	
CARMEN DIAZ TOJE	IRO	<u>-</u>	
	(Nam	me of Person)	
UNIVERSAL AMERIC	AN MORTGAGE COMPANY	TY -	
	(Firm	m/Company)	
730 NW 107TH AVE	NUE, 4TH FLOOR,		
V		(Address) 700004589277-	
MIAMI, FL 33172		-09/17 <u>/</u> 01010050	
	(City/St	<u>******78,75</u> ******; State and Zip code)	78.75
	` •	•	
For further information c	oncerning this matter, plea	ease call:	
CARMEN DIAZ TOJE	IRO at (305	5 _) 229-6500, X 7253_	
(Name of Person		Area Code & Daytime Telephone Number	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for th		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tu
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	1/18

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	OME MORTGAGE, INC.						· · · · · · · · · · · · · · · · · · ·
(Name or corpo	oration; must include the word "INCORPO viations of like import in language as will	JRATE	D", "C	COMPAN	IY", "CORP	ORATIO	N" or
natural person	or partnership if not so contained in the na	ime at n	muica	ne mat it i .)	is a corporati	ion instead	1 Of a
•		ar p		•			
2. WASHING		3	91	13195	527	<u> </u>	
(State or country	y under the law of which it is incorporated	l)			(FEI number	, if applica	able)
4.	9-4-84	5.		Ne co) L		
(Dat	9-4-84 te of incorporation)		(Dura	tion: Yes	er corp. will	cease to ex	xist or "perpetual")
6. IUPON O	UALIFICATION			,			
	acted business in Florida. If corporation h	as not t	ransac	ted busin	ess in Florid	a, insert "i	upon qualification.")
	(SEE SECTIONS 607						
711000 N	E 33RD PLACE, SUITE 300, BE	LLEVU	JE, W	A 9800)4		
	(Principal offic	e addre	ess)				
730 NW	107TH AVENUE, 4TH FLOOR, MI	AMI,	\mathbf{FL}	33172			
	(Current mailin	ıg addre	ess)				
8. MORTGAGI	E LENDER		<u>.</u> .				
	(s) of corporation authorized in home state	or cou	ntry to	he carrie	d out in state	of Florid	
(p -1(, y or outpoint and additionable in home state	, or com	and to	oc carre	d out in state	or i lorto	4)
9. Name and <u>str</u>	<u>eet address</u> of Florida registered ag	ent: (P.O. I	Box or M	fail Drop B	ох <u>NOT</u>	aceeptable?
Mama	DAVID McCAIN						
Name:	DAVID MCCAIN				217		
Office Address:	700 NW 107TH AVENUE, 4TH	FLOOR	<u> </u>		-	, z ;	SSE F
	MTAMT				22170		
	MIAMI, (City)		<u> </u>	Florida_	331/2	es.	PM II: OF STA: FLOR
	(City)				(Zip code))	
in Registered a	gent's acceptance:						DA II
	ned as registered agent and to accept	servic.	a of n	racass fa	or the above	a stated e	cornovation at the pla
designated in this	s application, I hereby accept the app	ointm	ent as	register	ed agent ar	i siuieu c 1d aoree	to act in this canacity
further agree to c	comply with the provisions of all stati	utes rel	lative	to the pi	roper and c	omplete .	performance of my
luties, and I am j	familiar with and accept the obligation	ons of i	my po	sition a	s registered	agent.	
			_			=	
			795°				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

nan: SEE ATTACHED		. =		· • • • • • • • • • • • • • • • • • • •		— .	,
ss:			. :				
				<u>*</u>			
Chairman:	9.	<u> </u>		.35	 		
ss:							 .
				7.			
or:		_				:	
		∃es .					
ss:		## CT		· • •		,	
				, H	-		
or:		<u>ş.</u>	_ = /				
ss:		₹			-		·
		=	- · · · ·	. 5			
lent: SEE ATTACHED				<u>ar.</u>	CRET	SEP -	丁三
					7 . 70		_
		=	-	<u> </u>	SEE	#	m
					ARY OF STABLE, FL		
President:		. <u></u>	=		AITY OF STATE SSEE, FLORID	Z	5
President:		==- value*-r			S.		5
President:ess:				To the second se	STATE	Z	5
President:ess:etary:etary:					S.	Z	5
President:ess:etary:etary:				To the second se	STATE	Z	5
President:ess:etary:eta					STATE	Z	5
President:etary:eta					STATE	Z	5
President:ess:etary:e	tach an addendum to	the application li	sting addition	al officers ar	FLORIDA And/or director	The state of the s	
President:ess:etary:ess:ess:ess:ess:ess:esurer:ess	tach an addendum to	the application li	sting addition	al officers ar	FLORIDA And/or director	The state of the s	

EAGLE HOME MORTGAGE, INC. Directors/Officers

DIRECTORS

Name		<u>Address</u>
Allan J. Pekor	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Nancy A. Kaminsky	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Linda L. Reed	0%*	730 NW 107th Ave, 4 th Floor Miami, FL 33172
Gary E. Carlson	0%*	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004
Susan E. Carlson	0%*	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004

OFFICERS

Name	<u>Title</u>	Address TAL
Gary E. Carlson	President	11000 NE 33 rd Place Spite 300 Bellevue, WA 98007 77 (425) 602-6068
Susan E. Carlson	Executive Vice President/ Secretary	11000 NE 33 rd Place, Sque 300 Bellevue, WA 98007 S (425) 602-6068
Robert S. Greaton	Vice President/CFO	11000 NE 33 rd Place, Suite 300 Bellevue, WA 98004 (425) 602-6068
Nancy A. Kaminsky	Executive Vice President	730 NW 107 th Avenue, 4 th Floor Miami, FL 33172 (305) 229-6501

^{*} Lennar Financial Services Inc., 100% Parent Company

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

EAGLE HOME MORTGAGE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation

in Washington on September 4, 1984.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of I

have been filed, and that the corporation is duly authorized to

transact business in the corporate form in the State of Washington.

H SE IL PN II: 17 SECRES ARY OF STATE ALLAMASSEE, FLORIDA



Date: August 27, 2001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

SM Sam Reed, Secretary of State