

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

CERTIFICA ASSUMED BUS Pursuant to Section 53-504, lo submits for filling a certificate of Please type or print Instructions are included on	SINESS NAME daho Code, the undersigned of Assumed Business Name. nt legibly.
The assumed business name w business is: Home Loans Today	hich the undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> business under the assumed bu Name FBC Mortgage, LLC W 116567	address(es) of the entity or individual(s) doing usiness name: <u>Complete Address</u> 189 S. Orange Ave, Ste 970, Orlando, FL 32801
Retail Trade Tra Wholesale Trade Co Services Ag	ansacted under the assumed business name is: Insportation and Public Utilities Instruction Initiative Initiati
4. The name and address to which correspondence should be address. Michael Dunn 189 S. Orange Ave, Ste 970 Orlando, FL 32801	I Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above): same as #4	owledgment
Signature: Printed Name: Michael Dunn Capacity/Title: General Counsel	Secretary of State use only
Signature: Printed Name:	02/15/2013 05:00

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Capacity/Title:__