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PICK-UP	☐ WAIT	MAIL			
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DIVISION OF CORPORATIONS

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COVER LETTER

	istration Sedision of Cor				
SUBJECT	Mortgage	s Unlimited Inc.			
SCHOLET	•	Name of corpora	tion - mu	st include suffix	
Dear Sir or	Madam:				
"Certificate	of Existenc	ion by Foreign Corporation e," or "Certificate of Good to corporation to transact but	Standing'	and check are sub	
Please return	n all corresp	ondence concerning this ma	atter to th	e following:	
Melissa Kop	ka				
		Name	of Perso	n	<u> </u>
Mortgages U	nlimited Inc.				
		Firm/C	Company		
7365 Kirkwo	od Court No	rth Suite 300	<u>-</u>		
		A	ddress		
Maple Grove	, MN 55369				
		City/Sta	te and Zi	p code	
cdfredin@m	uihomeloans				
		E-mail address: (to be us	ed for fu	ture annual report i	notification)
For further i	nformation	concerning this matter, plea	ise call:		
Chris Fredin		at (, 4	16-2626	
Nai	ne of Perso	n Area (Code	Daytime Telep	hone Number
Reg Div Clif 266 Tall	istration Se- ision of Cor ton Building 1 Executive ahassee, FL	porations g Center Circle , 32301		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is	a check for	the following amount:			
■ \$70.00 F	iling Fee	□ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & rtified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Mortgages Unli	mited Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Mortgages Unli	mited			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)		
2. Minnesota	3	-1718186		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4				
(Date	e of incorporation)	(Date of duration, if other than perpetual		
6. NA		CO P		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
7365 Kirkwood (Court North Suite 300 Maple Grove, MN 55369			
/·	(Principa	al office address)		
7365 Kirkwood	Court North Suite 300 Maple Grove, MN 55369			
·	(Current mailing	g address, if different)		
8. Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)		
Name:	NRAI, Inc.	<u></u>		
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324		
	(City)	(Zip code)		
0 Registered on	ent's acceptance:			
	-	ee of process for the above stated corporation at the place		
		ent as registered agent and agree to act in this capacity. I		
	omply with the provisions of all statutes re familiar with and accept the obligations of	elative to the proper and complete performance of my my position as registered agent.		
	NRAI, Inc.	my position as regimered agent		
	·	Jonidar Vincent os Prescent & Assatant Securiary		
Ву:	Jones .	*		
	(Registered a	gent's signature)		

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Director: ___ Address: **B. OFFICERS** Steven Gatti President: 7365 Kirkwood Court North, Suite 300 Address: Maple Grove, MN 55369 Vice President: CEO: Chris Fredin 7365 Kirkwood Court North, Suite 300 Address: Maple Grove, Mn 55369 Connie Fredin Secretary: 7365 Kirkwood Court North, Suite 300 Maple Grove MN 55369 Address: Connie Fredin Treasurer: 7365 Kirkwood Court North, Suite 300 Maple Grove MN 55369 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Mortgages Unlimited Inc.

Date Filed: 09/12/1991

File Number: 7D-900

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 05/17/2017

Ateve Pinn Steve Simon

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Secretary of State State of Minnesota