

FA2000002783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

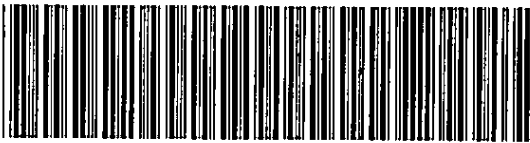
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -4 PM 5:48

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Langdon Mortgage Company, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew Franklin  
Name of Person

Langdon Mortgage Company, Inc.  
Firm/Company

250 E 96<sup>th</sup> St., Ste 280  
Address

Indianapolis, IN 46240  
City/State and Zip code

andrew@langdonmortgage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Franklin at (317) 627-2290  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Existence
- \$78.75 Filing Fee & Certificate of Good Standing
- \$87.50 Filing Fee, Certificate of Existence & Certificate of Good Standing

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.

1. Langdon Mortgage Company, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/3/1994 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 E. 96th St., Ste 280, Indianapolis, IN 46240  
(Principal office street address)

Same  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carol Franklin

Office Address: 13515 Messina Loop, Unit 104

Bradenton, FL ~~34211~~ . Florida 34211  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Carol A. Franklin  
(Registered agent'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.

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2022 MAY -4 PM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President Gregory W. Langdon  
 Vice President J. Andrew Franklin  
 Secretary  Treasurer  
 Other Kevin Rumble  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director City, State Zip:  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

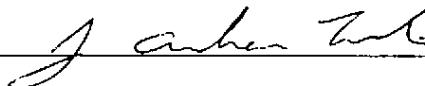
Chairman Name: Gregory W. Langdon  
 Vice Chairman Address: 5146 N. Pennsylvania St.  
 Director Indianapolis, IN 46205  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Kevin Rumble  
 Vice Chairman Address: 11202 Niagara Dr  
 Director Fishers, IN 46037  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Joseph Andrew Franklin  
 Vice Chairman Address: 4761 Minton Ct.  
 Director Carmel, IN 46033  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
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.

13. J. Andrew Franklin, Exec. V.P. Partner  
(Typed or printed name and capacity of person signing application)

**State of Indiana  
Office of the Secretary of State**

**Certificate of Existence Long Form**

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**LANGDON MORTGAGE COMPANY, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 03, 1994, and was in existence or authorized to transact business in the State of Indiana on March 11, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

<u>Charter Documents on File</u>	<u>Date of Filing</u>
Business Entity Report	06/15/2020
Business Entity Report	06/11/2018
Business Entity Report	06/21/2016
Business Entity Report	06/04/2014
Business Entity Report	07/19/2012
Business Entity Report	04/20/2010
Business Entity Report	07/14/2008
Business Entity Report	06/23/2006
Business Entity Report	12/13/2004
Business Entity Report	07/11/2002
Business Entity Report	08/18/2000

Business Entity Report	06/25/1998
Business Entity Report	06/19/1996
Business Entity Report	06/28/1995
Articles of Incorporation	06/03/1994



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 11, 2022

A handwritten signature in cursive script that reads "Holli Sullivan".

Holli Sullivan  
SECRETARY OF STATE

1994060233 / 20222483383

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 10, 2022.