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SECRITARY OF STATE
ALL ALLESSEE FLORIDA

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COVER LETTER

	perMoney LLC				
		Name of	Limited Liability (Company	
					ansact Business in Florida," Certificat y company to transact business in Flo
Please return all	correspondence	concerning this matter to the	e following:		
	Steven Sheasb	y			
		N	Name of Person		
	Integrity Mort	gage Licensing			
	_	F	Firm/Company		
	2961 W MacA	rthur Blvd, Suite 214			
			Address		
	Santa Ana, CA	92704			
		City/S	State and Zip Code	334-34-0	
	team-licensing@	supermoney.com			
		E-mail address: (to be use	ed for future annual	report not	tification)
For further info	rmation concernir	g this matter, please call:			
Stever	1 Sheasby		714 at (721-39)	
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divisio Registr P.O. B	ING ADDRESS: on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
	neck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

, APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must	t include "Limited Lie	bility Company ""I I C " or	
	ngh Emilieu Elabiney Company, musi	t menuce Emmed En	tomity Company, E.E.C., or	inc.
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpose "or "LLC.")	of transacting busine	ss in Florida. The alternate nar	ne must include "Limited
2. Delaware	ŕ	3. 80-0936624		
(Jurisdiction under the law company is organized)	of which foreign limited liability	·	(FEI number, if applicable)
4.				
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior t 0905, F.S. to determin	o registration.) ne penalty liability)	_
5. 3100 S Harbor Blvd Su	uite 200			_
Santa Ana, CA 92704				
· · · · · · · · · · · · · · · · · · ·	(Street Address of Pr	rincipal Office)		- 连络 表
5. 3100 S Harbor Blvd Su	ite 200			- SEP
Santa Ana, CA 92704				5 5
	(Mailing A	(ddress)		
7. Name and street addres	ss of Florida registered agent: (P.C	O. Box <u>NOT</u> accep	table)	FLO
Name:	Paracorp Incorporated			공유 39
Office Address:	155 Office Plaza Drive, 1st Floo	or		
	Tallahassee		, Florida <u>32301</u>	
Registered agent's accep	(City)		(Zip code)	_
		ice of process for th	he above stated limited liab	
lesignated in this applicate of complywith the provision in the complywith the provision in the complex control in the control	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pay position as registered agent. See attache	ment as registered (proper and complet	agent and agree to act in th	
lesignated in this applicate complywith the provision	tion, I hereby accept the appointnons of all statutes relative to the party position as registered agent. Soo attache	ment as registered (proper and complet	agent and agree to act in the eperformance of my dutie	is capacity. I further agi
designated in this applicate complywith the provision accept the obligations of the control of t	tion, I hereby accept the appointnons of all statutes relative to the party position as registered agent. Soo attache	ment as registered or oper and completed of the complete o	agent and agree to act in the eperformance of my dutie	is capacity. I further agi
designated in this application complywith the provision accept the obligations of the obligations of the same, title or capa Miron Lulic, CEO, 3100 S	tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. See attache (Registered and address of the person(s))	ment as registered of proper and completed. ered agent's signature who has/have authora, CA 92704	agent and agree to act in the performance of my dutient of manage is/are:	is capacity. I further agi
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designated in this application complywith the provision accept the obligations of the accept	sion, I hereby accept the appointments of all statutes relative to the purp position as registered agent. See attache (Registered agent) See attache (Regist	ment as registered of proper and completed. ered agent's signature; who has/have authora, CA 92704 Suite 200, Santa Ara, aite 200, Santa Ana, cys old, duly authentices.	agent and agree to act in the performance of my duties of	is capacity. I further agi

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 of signee

Miron Lulic

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 7/16/2016

ENTITY NAME: SuperMoney LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary Paracorp Incorporated

SharonCooke

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUPERMONEY, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPERMONEY, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE

Authentication: 202777514

Date: 08-04-16

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