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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

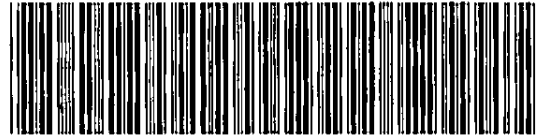
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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M. MILLIGAN

AUG 13 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

Crystal Estrada
Thrive Mortgage, LLC
4819 Williams Dr.
Georgetown, TX 78633-2006

SUBJECT: THRIVE MORTGAGE, LLC
Ref. Number: W18000070860

We have received your document for THRIVE MORTGAGE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 218A00016024

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:

1. Thrive Mortgage, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TEXAS 3. 20-0353048
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-04-2015
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4819 Williams Drive 6. 4819 Williams Drive
(Street Address of Principal Office) (Mailing Address)
 Georgetown, TX 78633-2006 Georgetown, TX 78633-2006

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: National Registered Agents, Inc.
 Office Address: 1200 S. Pine Island Road
Plantation Florida 33324
(City) (Zip code)

Registered agent's acceptance:
 Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Brea Zahner Brea Zahner, Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member/President</u>	<u>Barbara L. Jones</u> <u>4819 Williams Drive</u> <u>Georgetown, TX 78633-2006</u>	<u>Member/CEO</u>	<u>Roy S. Jones</u> <u>4819 Williams Drive</u> <u>Georgetown, TX 78633-2006</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Roy S. Jones
(Signature of an authorized person)
 Roy S. Jones, CEO/Secretary
Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Thrive Mortgage, LLC (file number 801177607), a Domestic Limited Liability Company (LLC), was filed in this office on October 01, 2009.

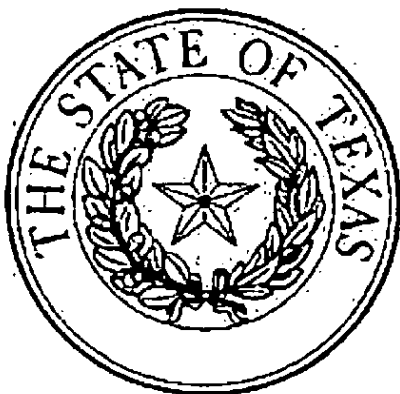
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate ROY S JONES as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

4819 WILLIAMS DRIVE

GEORGETOWN, TX - 78633-2006 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 02, 2018.



Rolando B. Pablos
Secretary of State

SECRETARY OF STATE
THASSIE FLORES

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