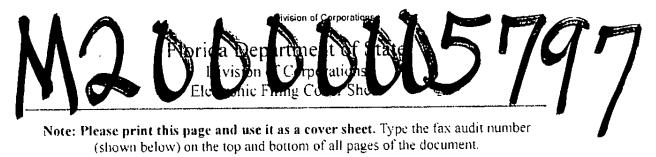
6/29/2020



(((H20000202012 3)))



H200002020123ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Please keep original file date of 6/29/2020.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

Foreign	Limite	ed Liability	y Company
A	celand	Mortgage	LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

M 29 PM 1+50

JUL -1 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (65,090), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

anie unavailable, enter alternate na	me adopted for the propose of fransacting hieliness in Flo	rida. The alternate	name must include "Limited Liability Con	npany," "U.L.C;" or "H.LC")
Puerto Rico		56-0	925899	
	ich fereign limited hability company is organized)	3	(F1.1 number, it applie	cable)
Upon qualification				
	(Date for transacted business in Florida, if prior to a (See sections 605 C90) (& 605 0905, F.S. to determin	egistration) se penalty hability)	
151 Calle San Francisc	0	151 (Talle San Francisco	
eet Address of Principal Office)		6	Mailing Address)	
San Juan, PR 00901		San J	uan, PR 00901	
				, , , , , , , , , , , , , , , , , , ,
				\$5.015.745.5 \$7.75.015.745.5 \$7.75.015.745.5
Name and street addres	s of Florida registered agent; (P.O. Box	NOT accept	(abic)	÷
Name:	CT Corporation System		_	
Office Address:	1200 South Pine Island Road		_	in C
	Plantation		33324 Florida	
	(City)		(Zip code)	

Having been named as registered agent and to accept service of process for the above stated innited natury 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.

	C T Corporation System	C/a-slil-	
By:	Olga Hinkel, Vice Presid	dent	_
	(Registered agant's अङ्ग	nature)	

manage [up to six (6) total]:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and	Address:	
™ Manager	Name: William K. Halick	□ Manager	Name:			
■ Member	Address: 151 Calle San Francisco	_Member	Address:			<u>-</u>
□ Authorized	San Juan, PR 00901	Authorized				-
Person		Person				-
Pres/Score Other	tary	□Other		□Other_	<u> </u>	-
⊡Manager	Name:	_ Manager	Name:			-
⊡Member	Address:	☐ Member	Address:			-
☐ Authorized		_ Authorized				-
Person		Person		 	- 17. Bis	_
Other	Other	□Other		□Other	JUH 29	- , ,
⊡Manager	Name:	□Manager	Name:		₹	 - C
□Member	Address:	□ Member	Address: _			_
☐ Authorized	-	☐ Authorized				
Person		Person				-
⊡()ther		[]Other		□()ther_		_

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.

- 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.

₹v·	William K. J.	Valick	
Jy.		Signature of an authorized person	
	William K. Halick		
		Typed or printed name of signer	



Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, Elmer L. Roman, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, ACELAND MORTGAGE LLC, register number 429276, a for profit domestic Limited Liability Company organized under the laws of Puerto Rico on June 18, 2019, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, June 29, 2020.

Elmer L. Roman Secretary of State