Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004424913)))



H200004424913ABC-

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

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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 PROFIT/NONPROFIT CORPORATION Patriot Mortgage Group Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Ectimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

X. SALY

Page: 3 of 6

COVER LETTER

	tration Section of Corpo				
SUBJECT:	Patriot Mong	age Group Inc.			
SUBJECT.		Name of corporation	n - mus	t include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence,"	by Foreign Corporation to or "Certificate of Good State orporation to transact busing	inding"	and check are submi	Business in Florida," itted to register the
Please return	all correspon	dence concerning this matte	er to the	following:	
Cheyenne Mos	seley				
		Name o	f Persor	1	
Legalzoom.co	m, inc.				
		Firm/Co	mpany		
101 N Brand I	Hvd 11th Fi				
		Add	lress		
Glendale, CA	91203				
		City/State	and Zip	code	
alex.m.olivera	@gmail.com				
		E-mail address: (to be used	for fut	ure annual report no	tification)
For further in	formation co	ncerning this matter, please	call:		
Cheyenne Mo	seley	800	, 17	3-0888	
	e of Person	at (Area Co	xde	Daytime Telepho	one Number
Regis Divis The C 2415	stration Secti sion of Corpo Centre of Tal	rations lahassec Greet, Suite 810		MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	etion porations
Enclosed is a Please make d □ \$70.00 Fil	heck payable t	: following amount: b: FLORIDA DEPARTMEN] \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE ,75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

Page, 5 of 6

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.

(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc.			opted for the purpose of transacting business in Florida)		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida 32822		3			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3401 Mallory Ln Office #209 Franklin, TN 37067 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida 32822	•				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3401 Mallory Ln Office #209 Franklin, TN 37067 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida 32822		of incorporation)	(Date of duration, if other than perpetual)		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando (Current mailing address, in different) Florida 32822	(17alC	(interpresent)	(isate of datation, it office damper persons)		
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida 32822	·		street address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida 32822					
Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida Orlando Orlando Orlando		(Current mailing a	address, if different)		
Name: United States Corporation Agents, Inc. 5575 S. Semoran Blvd. Suite 36 Orlando Florida Orlando Orlando Orlando	Name and stree	t address of Florida registered agent: (P.O.)	Box NOT acceptable)		
Trice Address: S575 S. Semoran Blvd. Suite 36 Semoran Blvd. Suite			9		
Orlando , Florida 32822		5575 S. Semoran Blvd. Suite 36			
, rionga	ffice Address:				
(City) (Zip code)		<u> </u>	, rioriga ~-		
		(City)	(Zip code)		
	Registered age	ent's acceptance:	of process for the above stated corporation at the place		

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.

A. DIRECTORS Alex Olivera □ Chairman □Chairman Name: 5003 Penbrook Dr ☐ Vice Chairman Address: □Vice Chairman Address: Franklin, TN 37069 **■** Director Director □President President ☐ Vice President ☐ Vice President □ Secretary Treasurer Treasurer ■Sceretary □Other _____ □Other _____ Other ____ Other _____ Chairman Name: Name: ☐ Chairman ☐ Vice Chairman Address: DVice Chairman Address: □Director □Director □ President □President ☐ Vice President ☐ Vice President □ Secretary ☐Treasurer □Treasurer □ Secretary □Other _____ ☐ Other _____ Other _____ Other _____ Name: _____ Name: _____ □Chairman Chairman ☐ Vice Chairman Address: UVice Chairman Address: □ Director □Director □President □President □ Vice President ☐ Vice President □Treasurer □ Secretary Treasurer □ Secretary □Other ______ Other _____ 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. 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

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 of 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.

FILED



2020 DEC 29 PM 5: 29

SECRETARY IN STATE TALLAHASSEE, FLORIDA **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Tre Hargett Secretary of State

CHEYENNE MOSELEY CHEYENNE MOSELEY 10TH FLOOR 101 N. BRAND BLVD. GLENDALE, CA 91203

Request Type: Certificate of Existence/Authorization

Request #:

0395889

Issuance Date: 12/29/2020

Copies Requested:

Document Receipt

Receipt #: 005951320

Payment-Credit Card - State Payment Center - CC #: 3795594990

Regarding:

Patriot Mortgage Group Inc. For-profit Corporation - Domestic

Filing Type: Formation/Qualification Date: 10/21/2020

Status:

Active Perpetual

Duration Term:

Business County: WILLIAMSON COUNTY

Filing Fee:

\$20.00

December 29, 2020

\$20.00

Control #:

Date Formed:

1138579 10/21/2020

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Patriot Mortgage Group Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 043628225