

10/12/22, 2:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP**  
**ACORE Capital Mortgage, LP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

FILE SECOND H22000350448 3

Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN

Help CT 13 2022

DocuSign Envelope ID: C65A8446-9419-4E9B-A4C4-1D09D62211DE

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. ACORE Capital Mortgage, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact  
business in Florida; must contain acceptable suffix.

2. Delaware3. June 1, 2015

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 47-4234841

5. Name of Registered Agent for Service of Process and Florida Street Address:

CT Corporation System1200 South Pine Island RoadPlantation, Florida 33324

6. 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.

Katherine Schneider, Asst. Secretary Katherine Schneider

Signature of Registered Agent

7. Principal Office:

80 East Sir Francis Drake Blvd. Suite 2ALarkspur, CA 94939

8. Mailing Address:

80 East Sir Francis Drake Blvd. Suite 2ALarkspur, CA 949399. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: ACORE Capital Mortgage GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 80 East Sir Francis Drake Blvd. Suite 2A

Street Address: \_\_\_\_\_

Larkspur, CA 94939Mailing Address: 80 East Sir Francis Drake Blvd. Suite 2A

Mailing Address: \_\_\_\_\_

Larkspur, CA 94939

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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11:08

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

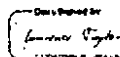
11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 30th day of September, 2022



Signature of a general partner Authorized Signatory of GP

The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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# Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ACORE CAPITAL MORTGAGE, LP" 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 FIFTH DAY OF OCTOBER, A.D. 2022.

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

2022 OCT 12 PM 11:03



  
Jeffrey W. Bullock, Secretary of State

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SR# 20223700667

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204554633

Date: 10-05-22