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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Brookhollow Mortgage Services, LT	TD
Name of Foreign Limited Pa	artnership or Limited Liability Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this t	fees are submitted to register a foreign limited partnership or limited liability limited matter to:
Connie Carlson - Licensing Manager	
Contact Person	
Cornerstone Capital Bank, SSB	
Firm/Company	
1177 West Loop South, Suite 700	
Address	
Houston, Texas 77027	
City. State and Zip Code	
licensing@houseloan.com	
E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matter, pl	lease call:
Connie Carlson	at () 244-5241
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fe and Certificate of Status	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	the Centre of Tananassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

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

(Name of L Acceptable Limited I	Partnership suffixes: Limited Partners	ility Limited Partnership, which must include suffix) hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable		rship or limited liability limited partnership proposes to rela; must contain acceptable suffix.	gister to transact
, Texas		3. 04/02/2010	
St	ate or Country of Formation	Date of Formation	•
4. Federal Employe	r Identification Number. 32-030691	4	
	ed Agent for Service of Process and		
C T Corporation Sys	stem		
1200 South Pine Isla	and Road	_ <u>.</u>	202
Plantation, Florida 3	3324	A C	F 2024 JAN
	uive to the proper and complete perfor istered agent.	l agree to act in this capacity. I further agree to comply we mance of my duties, and I am familiar with and accept the BIII are of Registered Agent	it A ie pr ūviši ons
7. Principal Office:		8. Mailing Address:	2
15725 N. Dallas Pari	kway, Suite 515	ATTN: Licensing Department	
Addison, Texas 7500	01	1177 West Loop South, Suite 700	•
		Houston, Texas 77027	•
9. If limited partne	rship is a limited liability limited pa	rtnership, check box. 🗆	
10. Name, principa	l office address, and mailing address	s of each general partner:	
Name of Genera	CHL Holdings A. LLC	Name of General Partner:	
	1177 West Loop South, Suite 700		
Street Address: Houston, Texas 77027		Street Address:	-
Mailing Address: 1177 West Loop South, Suite 700 Houston, Texas 77027		Mailing Address:	
Name of Genera	Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address	:	Mailing Address:	

Page 1 of 2

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 the of the factive date cannot be prior to nor more the Note: If the date inserted in this block does not document's effective date on the Department of	filing: an 90 days after the date this document is filed by the Florida Department of State.) by meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Clastide Dominion of Cross but the Connitory	authenticated, not more than 90 days prior to the delivery of this application to the 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 day of day of	<u>Inuny</u> 20 <u>94</u>
-	Signature of a general partner

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

Page 2 of 2

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



Jane Nelson Secretary of State

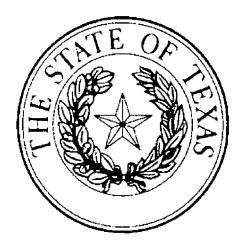
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Brookhollow Mortgage Services, Ltd. (file number 801251400), a Domestic Limited Partnership (LP), was filed in this office on April 02, 2010.

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

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 December 19, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1315817530002