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(Requestor's Name)				
(Address)				
(Address)				
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(Cit	h/State/7in/Phone	#\		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	ertified Copies Certificates of Status			
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HMC Mortgage Comp	any
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Michael Crouse	
Name	of Person
American Mortgage Licensing	
Firm/C	Company
805 Country Club Dr	
Ac	ldress
Heath, TX 75032	
City/Stat	e and Zip code
mcrouse@amlicensing.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
Michael Crouse at (469	688-8441
Name of Person Are	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

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.

"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Florida)
_{2.} Tennessee		46-2364476	
	ry under the law of which it is incorporated)	(FEI number, if app	licable)
_{4.} 03/25/2013		perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to e	exist or "perpetual")
••		ort, TN 37660	TACCAL AND SECOND
8. Name and stre	et address of Florida registered agent: (P	O. Box NOT acceptable)	AM II: 20 STATE EE, FLORIC
	ne: Jason H Rios 富元 含		20 Rain
Name:			•
	2229 SE 5th Ct	 	
Name: Office Address:	2229 SE 5th Ct Cape Coral	, Florida 33990	

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.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Director: _ **B. OFFICERS** President: Michael Steven Fleishour Address: 229 E Sullivan St, Ste 101 Kingsport, TN 37660 Vice President: Address: Secretary: __ Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or 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.

13. Michael Steven Fleishour - President



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

HANCOCK MORTGAGE PARTNERS

MIKE CROUSE 805 COUNTRY CLUB DR. HEATH, TX 75032

Request Type: Certificate of Existence/Authorization

Request #:

0150688

Issuance Date: 01/15/2015

Copies Requested:

January 15, 2015

Document Receipt

Receipt #: 001781888

Filing Fee:

\$22.25

Payment-Credit Card - State Payment Center - CC #: 160172842

\$22.25

Regarding:

HMC Mortgage Company

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 03/25/2013

Status:

Active

Duration Term:

Perpetual

Business County: SULLIVAN COUNTY

Control #:

713962

Date Formed:

03/25/2013

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

HMC Mortgage Company

- * 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, 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 filed the most recent annual report required with this office;
- * 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 Verification #: 010281218

Processed By: Cert Web User