

9/29/21, 1:54 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F1600000784

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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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 Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 KEY CAPITAL MORTGAGE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
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Corporate Filing Menu

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FILED
 2021 OCT -7 PM 12:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

OCT -8 2021
 S. PRATHER

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

FILED
2021 OCT - 7 PM 12: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

FI6000000784

(Document number of corporation (if known))

1. Key Capital Mortgage, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. 02/22/2016
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 04/17/2017
5. KCM Capital, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

/s/ Lori Goldman

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lori Goldman

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

FILED
2021 OCT -7 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/25/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KCMI Capital, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading 'Veronica W. DeGros'.

Acting Secretary of the Commonwealth

Certification Number: TSC210825152271-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/25/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

KCMI Capital, Inc.

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct Index and Docket report which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degraffenreid".

Acting Secretary of the Commonwealth

Certification Number: TSC210825152272-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



Commonwealth of Pennsylvania
Bureau of Corporations and Charitable Organizations
401 North Street, Room 206, P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
www.dos.pa.gov/corps

Entity Report

August 25,2021

Examination of the indices in the Department of State on the above date show a Business Corporation was filed on September 11,2015 entitled:

KCMI Capital, Inc.

Entity # 6291805

Citizenship: Domestic

With Address At: 801 LANCASTER AVENUE , BRYN MAWR ,PA.
19010

Filing History :

Date	Microfilm	Filing
9/11/2015		Creation Filing
4/17/2017		Amendment