

| (Ř                                      | lequestor's Name)       |  |  |
|---|-------------------------|--|--|
| (A                                      | ddress)                 |  |  |
| A)                                      | ddress)                 |  |  |
| (C                                      | City/State/Zip/Phone #) |  |  |
| PICK-UP                                 | WAIT MAIL               |  |  |
| (E                                      | Business Entity Name)   |  |  |
| (C                                      | Occument Number)        |  |  |
| Certified Copies                        | Certificates of Status  |  |  |
| Special Instructions to Filing Officer: |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |
|   | <u> </u>                |  |  |

Office Use Only



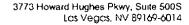
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DIVISION OF CORPORATION

17 OCT -5 PM 1: 23

M. MILLIGAN OCT - 9 2017.





Phone 702 866 2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702 866 2689

www.incorp.com

September 28, 2017

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sequential Filing Request for:

- Dissolution of Millennial Finance Home Mortgage Inc. (Document Number P17000072272)
- Application by Foreign Corporation for Authorization to Transact Business in Florida for Millennial Finance Home Mortgage, Inc.

To Whom It May Concern:

Millennial Finance Home Mortgage Inc. (Document Number P17000072272) was filed as a FL Domestic Profit Corporation, but the filing should have been submitted as an application for a FL Foreign Profit Corporation, domestic in MD.

Because a correction or conversion from Domestic Corporation to Foreign Corporation will not be possible, please accept the attached documents to be filed in sequence in order to ensure entity name availability and change entity from Domestic to Foreign on FL record:

- 1) Dissolution of Millennial Finance Home Mortgage Inc.
- 2) Application by Foreign Corporation for Authorization to Transact Business in Florida for Millennial Finance Home Mortgage, Inc.

PLEASE NOTE that the name format of the Foreign Corporation to be filed includes a comma that was omitted from the entity name when the Domestic Corporation was filed. Please see attached MD Certificate of Existence showing proper name format as listed on the Foreign Corporation application.

Please find attached check # 48097 in the amount of \$35.00 for the Dissolution and check # 48098 in the amount of \$70.00 for the Foreign Corporation application.

Please return evidence of the filed documents to the address below:

InCorp Services, Inc.
Attn: Processing Department / Erin Regan
3773 Howard Hughes Pkwy, Suite 500S
Las Vegas, NV 89169-6014

Should you have any questions regarding this matter, please do not hesitate to contact me at 702-866-2500 ext. 6923, Monday through Friday, 8:00 am to 5:00 pm PST.

Thank you for your assistance.

INCORP SERVICES, INC.

Erin Regan, Processor erin.regan@incorp.com

### **COVER LETTER**

| TO:    | Registration Sec<br>Division of Corp  |  |            |   |  |
|--------|---|--|------------|---|--|
| SHRI   | Millennial Finance Home Mortgage, Inc.  |  |            |   |  |
| 3000   |   | Name of corporati  | ion - mu   | st include suffix   | ······································                             |
| Dear S | Sir or Madam:   |  |            |   |  |
| "Certi | ficate of Existence   | on by Foreign Corporation f<br>e," or "Certificate of Good S<br>in corporation to transact bus | standing'  | and check are sub   |  |
| Plcase | return all corresp  | ondence concerning this mat  | tter to th | c following:  |  |
| Erin l | Regan   |  |            |   |  |
|        |   | Name   | of Perso   | n   |  |
| InCo   | p Services, Inc.  |  |            |   |  |
|        |   | Firm/C   | ompany     |   |  |
| 3773   | Howard Hughes   | Pkwy, Suite 500S   |            |   |  |
|        |   | Ad   | ldrcss     |   |  |
| Las V  | /egas, NV 89169   | -6014  |            |   |  |
|        |   | City/State   | e and Zi   | p code  |  |
| docu   | ments@incorp.co   |  |            | · · · · · · · · · · · · · · · · · · ·                               | <del></del>  |
|        |   | E-mail address: (to be use   | d for fu   | ture annual report r  | notification)  |
| For fu | rther information   | concerning this matter, pleas  | se call:   |   |  |
| Erin I | Regan for InCorp  | Services, Inc. 702   | :<br>)     | 866-2500  |  |
|        | Name of Person  | n Arca C   | ode        | Daytime Telep   | hone Number  |
| Engles | Registration Sec<br>Division of Corp<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>B<br>Center Circle<br>32301   |            | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | ection<br>orporations<br>7   |
|        | 0.00 Filing Fee   | he following amount:  \$78.75 Filing Fee & Certificate of Status                               |            | 3.75 Filing Fee &<br>tified Copy                                    | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| Millennial Fir     | nance Home Mortgage, Inc.   |   |   |  |  |  |
|--------------------|---|---|---|--|--|--|
|                    | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"   | ,   |  |  |  |
| (If name unavails  | able in Florida, enter alternate corporate name                         | adopted for the purpose of transacting  | business in Florida)                        |  |  |  |
| 2. Maryland        | 3.  |   |   |  |  |  |
|                    | y under the law of which it is incorporated)                            | (FEI number, if appl  | (FEI number, if applicable)                 |  |  |  |
| 4 06/22/2017       | 5.  | Perpetual   |   |  |  |  |
|                    | of incorporation)   | (Date of duration, if other th  | (Date of duration, if other than perpetual) |  |  |  |
| 6. Upon registra   | ation   |   |   |  |  |  |
| _ 1546 Eastern E   |   | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability<br>MD 21221 | )   |  |  |  |
| 7                  |   | pal office address)   | <u> </u>                                    |  |  |  |
|                    |   |   | 1 P   |  |  |  |
|                    | (Current maili  | ng address, if different)   | 000<br>S103<br>E713                         |  |  |  |
| 8. Name and street | et address of Florida registered agent: (P.G                            | D. Box NOT acceptable)  | Lor of                                      |  |  |  |
| Name:              | InCorp Services, Inc.   | <del></del>   | OF SI<br>WAPORA                             |  |  |  |
| Office Address:    | 17888 67th Court North  |   | 1: 23                                       |  |  |  |
|                    | Loxahatchee   | , Florida   | ī.ā   |  |  |  |
|                    | (City)  | (Zip codc)  |   |  |  |  |

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Erin Regan on behalf of InCorp Services, Inc.
(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   | <b>7</b>   |
|--|--|
| Chairman:  |  |
| Address:   | 73. C3.  |
| /ice Chairman:   |  |
| Address:   |  |
| Director:  |  |
| Address:   | <del></del>  |
| Director:  |  |
| Address:   |  |
| B. OFFICERS  |  |
| John O. Stanley  |  |
| Address: 1546 Eastern Blvd, 2nd Floor Suite 208  |  |
| Baltimore, MD 21221  |  |
| Vice President:  |  |
| Address:   |  |
| Secretary: John O. Stanley   |  |
| Address: 1546 Eastern Blvd, 2nd Floor Suite 208, Baltimore, MI   | 21221  |
| Treasurer: John O. Stanley   |  |
| Address: 1546 Eastern Blvd, 2nd Floor Suite 208, Baltimore, MI   | 21221  |
| NOTE: If necessary, you may attach an addendum to the application I  | isting additional officers and/or directors.       |
| Signature of Director or Of The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in | ber 11 above) affirms that the facts stated herein |

a third degree felony as provided for in s.817.155, F.S.

13. John O. Stanley, President

# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT. BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS. OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM. THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MILLENNIAL FINANCE HOME MORTGAGE, INC. (D18089417), INCORPORATED JUNE 22, 2017, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL.

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL. THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 28, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

## 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.

| (Enter name of control "Inc.," "Co.," "C | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")                                     | )," "CC        | MPANY,"                     | "CORPORATION,"            |                      |
|--|---|----------------|-----------------------------|---------------------------|----------------------|
| (If name unavaila                        | able in Florida, enter alternate corporate name   | e adopte       | ed for the p                | surpose of transacting h  | susiness in Florida) |
| Maryland                                 |   | 1              | ·                           | -                         |                      |
| (State or countr                         | (State or country under the law of which it is incorporated)  |                | (FEI number, if applicable) |                           |                      |
| 06/22/2017                               | 5   | Per            | petual                      |                           |                      |
| (Date                                    | of incorporation)   | · <del>-</del> | (Date o                     | of duration, if other tha | in perpetual)        |
| Upon registra                            | ation   |                |                             |                           |                      |
| 1546 Eastern E                           | (Date first transacted business<br>(SEE SECTIONS 607.1501 & 607.<br>Blvd, 2nd Floor Suite 208, Baltimore, | 1502, F        | .S., to deter               |                           |                      |
| <del></del>                              |   |                | ce address                  | )                         | <del></del>          |
|  | (Current mail   | ling add       | ress, if diff               | erent)                    |                      |
| . Name and stree                         | et address of Florida registered agent: (P.   | .O. Bo:        | < <u>NOT</u> ac             | ceptable)                 | 17. OC               |
| Name:                                    | InCorp Services, Inc.   |                |                             |                           | 17.0CT -5 PH 1:23    |
| Office Address:                          | 17888 67th Court North  |                |                             |                           | PH                   |
|  | Loxahatchee   |                | . Florida                   | 33470                     | ,                    |
|  | (City)  |                | ,                           | (Zip code)                | ن `                  |

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Erin Regan on behalf of InCorp Services, Inc.
(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    | rs and/or directors:  | O'LOK                                   |
|---|---|---|
| A. DIRECTORS                                    |   | 200 00 00 00 00 00 00 00 00 00 00 00 00 |
| Chairman:                                       |   |   |
|   |   | Pr Control                              |
|   |   | ج. روان<br>ب. روان                      |
|   |   |   |
|   |   |   |
|   |   |   |
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|   |   |   |
|   | <del> </del>  |   |
|   | · · · · · · · · · · · · · · · · · · ·   |   |
|   |   |   |
| B. OFFICERS                                     |   |   |
| President: John O. Stanley                      |   |   |
| Address: 1546 Eastern Blvd, 2nd Floor St        |   |   |
| Baltimore, MD 21221                             |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Secretary: John O. Stanley                      |   |   |
| Address: 1546 Eastern Blvd, 2nd Floor Si        | Suite 208, Baltimore, MD 21221  |   |
| John O. Stanley                                 |   |   |
| Address: 1546 Eastern Blvd, 2nd Floor St        | Suite 208, Baltimore, MD 21221  |   |
| NOTE: If necessary, you may attach arraddo      | endum to the application listing additional officers  | and/or directors.                       |
| The officer or director signing this document   | ignature of Director or Officer (and who is listed in number 11 above) affirms the information submitted in a document to the Depar |   |
| a third degree felony as provided for in s.817. |   | 2on or June constitutes                 |
| 13. John O. Stanley, President                  |   |   |
| (Typed or printed nar                           | me and capacity of person signing application)  |   |

# STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND. DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS. OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

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ANNUAL REPORTS REQUIRED. HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE. THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 28, 2017.

Michael L. Higgs

Director



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