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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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M. MILLIGAN MAY 2 1 2018

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJ	ECT:	Name of compositi	Landing Inc ion - must include suffix		
Dear S	ir or Madam:				
"Certif	icate of Existenc	ion by Foreign Corporation f e," or "Certificate of Good S n corporation to transact bus	tanding" and check are sul		
Please	return all corresp	ondence concerning this ma	_		
		Joshua Sn Name	nith		
		Name	of Person	, , , , , , , , , , , , , , , , , , , 	
		Forward Mortga Find C 9 West Catawb	as landing In	<u>^</u> ,	
		Finn C	ompany)	 -	
	1805	9 West Catamb	a Ave. Unit	4	
		Ad	ldress		
		Cornelins.	NC 29031		
		City/Stat	e and Zin code		
	josh	E-mail address: (to be use	ngine Com		
	J	E-mail address: (to be use	ed for future annual report	notification)	
For fur	ther information	concerning this matter, pleas	se call:		
	Joshua Sn	17th at 914	ode Daytime Telep	94	
	Name of Perso	n Area C	Code Daytime Telep	nhone Number	
	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle	MAILING A Registration 9 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclos	ed is a check for	the following amount:			
□ \$70).00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & 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.	
(Enter name of corporation; must include "INCORPORATED.", "GOMPANY." "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. North Care in A (State of country under the law of which it is incorporated) (FEI number, if applicable)	
6 72 12 16	
4. Date of incorporation) (Date of duration, if other than perpetual)	
6.	
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
18059 What Catawha Ave Unit 4 Cornelius, NC 2603	
(Principal office address)	
(Current mailing address, it different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	***
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ة سيد سيد
Name: In Corp Services Inc.	' [
7009 1711 1 1 North	Ė P
	.; —
$\frac{-\text{Loxabatehie}}{\text{(City)}} \cdot \text{Florida} = \frac{-79700}{\text{(Zip code)}}$	~
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 that the place of the service of the agent and agree to act in this capacity, designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, 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.	, I
(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: Address: Address: B. OFFICERS Vice President: Secretary: ___ Address: _____ Address: 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 ros document (and who is listed in number 11 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.

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

FORWARD MORTGAGE LENDING INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of May, 2015, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

Certification# 102819877-1 Reference# 14623183- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of May, 2018.

Elaine I Marshall

Secretary of State

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