

F19000002136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

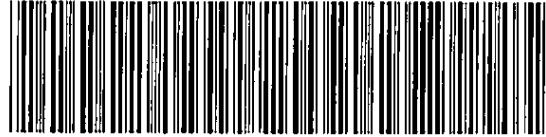
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Called to get permission  
to write to president  
by officer name  
gave consent to  
do so 5/3/19

Office Use Only



000328875150

FILED  
RECEIVED  
TALLAHASSEE, FLORIDA  
2019 MAY -2 PM 4:26  
19 MAY -2 PM 4:25

Y SCOTT

MAY 3 2019

FILED  
RECEIVED  
TALLAHASSEE, FLORIDA  
2019 MAY -2 PM 4:26  
19 MAY -2 PM 4:25

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 5/2/19**

**NAME: LOCAL MORTGAGE INC.**

**TYPE OF FILING: APPLICATION**

**COST: 78.75**

**RETURN: CERTIFIED COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

---

**FILED**  
**2019 MAY -2 PM 4:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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.*

1. Local Mortgage Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 83-4488760  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/12/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8295 Tournament Drive, suite 150, Memphis, TN 38125  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Paracorp Incorporated
- Office Address: 155 Office Plaza Drive 1st Floor
- Tallahassee, Florida 32301  
(City) (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 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.*

see attachment

(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.

FILED  
2019 MAR -2 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

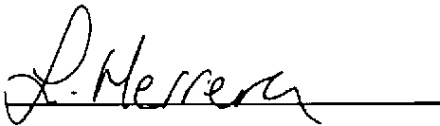
DATE: 05/02/2019

ENTITY NAME: Local Mortgage Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

FILED  
2019 MAY -2 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Peggy Chapman  
Address: 8295 Tournament Dr. Suite 150 Memphis TN 38125

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Denek Chapman  
Address: 8295 Tournament Dr. Suite 150 Memphis TN 38125

Director: Peggy Chapman  
Address: 8295 Tournament Dr. Suite 150 Memphis TN 38125

B. OFFICERS

President: Denek Chapman  
Address: 8295 Tournament Dr. Suite 150 Memphis TN 38125

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Peggy Chapman  
Address: 8295 Tournament Dr. Suite 150 Memphis TN 38125

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Denek Chapman  
Signature of Director or Officer

The officer or director signing this 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.

13. Denek Chapman / President  
(Typed or printed name and capacity of person signing application)

FILED  
2019 MAR 26 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**DEREK CHAPMAN**  
SUITE 150  
8295 TOURNAMENT DR.  
MEMPHIS, TN 38125

May 2, 2019

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0314830

**Issuance Date:** 05/02/2019  
**Copies Requested:** 1

**Document Receipt**

**Receipt # :** 004790933

**Payment-Credit Card - State Payment Center - CC #:** 3757386070

**Filing Fee:** \$20.00  
**2019 HA - 2**  
**STATE SECRETARY OF REVENUE**  
**TENNESSEE, FLORIDA**  
**FILE**  
**26**

**Regarding:** Local Mortgage Inc.  
**Filing Type:** For-profit Corporation - Domestic  
**Formation/Qualification Date:** 04/12/2019  
**Status:** Active  
**Duration Term:** Perpetual  
**Business County:** SHELBY COUNTY

**Control # :** 1022968  
**Date Formed:** 04/12/2019  
**Formation Location:** 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

**Local Mortgage Inc.**

- \* 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, interest, 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 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 033098025