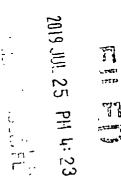
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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	e)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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BKINSEY

COVER LETTER

TO: Registration Se Division of Cor				
My Mort	•			
SUBJECT:		 		
	Name of	`corporation -	must include suffix	
Dear Sir or Madam:				
	e," or "Certificate of	of Good Stand	uthorization to Transact Bing" and check are submit in Florida.	
Please return all corresp Christopher Schiele	pondence concernin	g this matter t	o the following:	
		Name of Po	erson	
My Mortgage, Inc				
1143 C EXECUTIVE CIT	R, SUITE 102	Firm/Comp	any	
		Addres	S	
Cary, NC 27511				
		City/State and	1 Zin code	
eschiele@mymtgine.com		011 <i>y</i> , 21 <u>21</u> 0 min		
	E-mail address:	(to be used fo	r future annual report noti	fication)
For further information				fication) 19 JUL 25
Christopher Schiele		410	808-3561	25 P
Name of Perso		Area Code	Daytime Telephon	e Number.
Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassec, FI	rporations g e Center Circle		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Enclosed is a check for	the following amou	int:		
□ \$70.00 Filing Fee	\$78.75 Filing Certificate of		\$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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"			_
,	orp," "Inc," "Co," or "Corp.")				
My Mortgage Le	ender, Inc				
Maryland	ble in Florida, enter alternate corporate name a	83-1304415			
2. (State or country under the law of which it is incorporated) 7/23/2018					<u></u>
4(Date N/A 6.	of incorporation)	(Date of duration, if other than perpetual)			_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 IVE CIR, SUITE 102, Cary, NC 27511	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
		al office address)			_
	(Current mailin	g address, if different)			
8. Name and stree	t address of Florida registered agent: (P.C. Jorge Diaz	D. Box <u>NOT</u> acceptable)		2019 يارال 25	7
Office Address:	3956 TOWN CENTER BLVD				
Office Address.	Oriando	32837 , Florida	**: -	PM կ։ 23	
	(City)	(Zip code)	•	ည	
designated in this further agree to c	ed as registered agent and to accept servi application, I hereby accept the appoint omply with the provisions of all statutes r amiliar with and accept the obligations of	nent as registered agent and agree elative to the proper and complete	to act in	this ca _l	nacity.

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 Christopher Schiele Chairman: 1143 C EXECUTIVE CIR, Suite 102 Address: Cary, NC 27511 Brian Gorgei Vice Chairman: 1143 C EXECUTIVE CIR, Suite 102 Address: Cary, NC 27511 Richard David Director: 1143 C EXECUTIVE CIR, Suite 102 Address: Cary, NC 27511 Jorge Diaz Director: 3956 TOWN CENTER BLVD Address: Orlando, FL 32837 **B. OFFICERS** Christopher Schiele President: 1143 C EXECUTIVE CIR, Suite 102 Address: Cary, NC 27511 Jorge Diaz Vice President: 3956 TOWN CENTER BLVD Address: Orlando, FL 32837 N Richard David Secretary: 1143 C EXECUTIVE CIR, Suite 102, Cary, NC 27511 Address: Brian Gorgei Treasurer: 1143 C EXECUTIVE CIR, Suite 102, Cary, NC 27511 Address: NOTE: If negessary, 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 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)

13.

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 MY MORTGAGE, INC. (D18974444), INCORPORATED JULY 20, 2018, 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 JULY 24, 2019.

Michael L. Higgs

Director



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

Online Certificate Authentication Code: DFwcSspLD0u3Z3JHqC4fRg To verify the Authentication Code, visit http://dat.maryland.gov/verify