# F2000001207

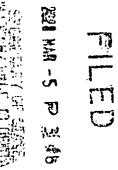
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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MAR 11 200 T. LEMMEUX

### **COVER LETTER**

Division of Corporations		
SUBJECT: CTC Funding & Mortgage Inc		
Name of co	orporation -	must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transc	Good Standii	ig" and check are submitted to register the
Please return all correspondence concerning t	his matter to	the following:
Frederick Steele		
	Name of Pe	rson
CTC Funding & Mortgage Inc		
	Firm/Compa	ny
40 Glistening Glen Ct		
	Address	
Newnan, Ga 30265		
C	ity/State and	Zip code
fred.s@ctcfundingandmortgage.com		
E-mail address: (to	be used for	future annual report notification)
For further information concerning this matte	r, please cal	:
Frederick Steele	678	641-2229
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA S70.00 Filing Fee \$78.75 Filing Fe Certificate of S	ARTMENT C	F STATE  578.75 Filing Fee &  Certified Copy  Certified Copy  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.

CTC Funding &						
	orporation; must include "INCORPORATE orp," "Inc." "Co." or "Corp.")	:1),	"COMPANY, "CORPORATION,			
(If name imavail)	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting b	usiness in Florida)		
Georgia		3.	3. (FEI number, if applicable)			
(State or country	y under the law of which it is incorporated)	)	(FEI number, if applic	cable)		
08/20/2019		5.				
(Date of incorporation)			(Date of duration, if other than perpetual)			
04/01/2020						
			i Florida, if prior to registration) 502, F.S., to determine penalty liability)			
1801 Peachtree S	treet, Suite 160, Atlanta, GA 30265					
	(Principal	offi	ce <u>street</u> address)			
40 Glistening Glo	en Court, Newnan, GA 30265		7	Fig. 188		
	(Current ma	vilin	g address, if different)	<b>3</b>		
			,	10000000000000000000000000000000000000		
. Name and <u>stree</u>	et address of Florida registered agent: (	P.C	). Box NOT acceptable)	S -		
Name:	Robert Sprick			The second		
Office Address:	501 N. Magnolia Avenue			TO ME		
	Orlando		Florida 32801	in o		
	(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.



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.

A. DIRECTORS							
□Chairman	Name: Frederick Steele	□ Chairman	Name:				
□Vice Chairman	40 Glistening Glen Ct Address:	□Vice Chairman	Address:				
□Director	Newnan, Ga 30265	□Director					
■ President		□President					
□Vice President		□Vice President					
<b>■</b> Secretary	□Treasurer	□Secretary		□Treasurer			
Other	□Other	□Othei		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐Secretary		□Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12	Fredrice St. Signature of Director of	te					
	Signature of Director of	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.							

Control Number: 19118461

## STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### CTC Funding & Mortgage Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18693935 Date Inc/Auth/Filed: 08/20/2019 Jurisdiction : Georgia Print Date : 03/02/2020

Form Number : 211



Brad Raffarsperger

Brad Raffensperger Secretary of State