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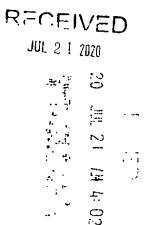
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Washington Home Mortgage Co	rporation
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Alicia Calderon	
Name o	f Person
Washington Home Mortgage Corporation	
Firm/Co	mpany
6500 Rock Spring Drive. Suite 204	
Add	lress
Bethesda, MD 20817	
City/State	and Zip code
ACalderon@whmortgage.com	for future annual report notification)
15-mail address. (to be used	Tof future annual report notifications
For further information concerning this matter, please	ecall:
Alicia Calderon at (301	, 215-7310
Name of Person Area Co	ode Daytime Telephone Number , r
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ 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.

1.	Washington He	Washington Home Mortgage Corporation						
	(Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")							
	(If name unavails	able in Florida, enter alternate corporate nam	e adopte	d for the purpose of transacting	business in Flori	da)		
2 Maryland 3 81 257 4628								
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4	April, 2016		5.					
(Date of incorporation)			·	(Date of duration, if other than perpetual)				
6	NA							
7.	6500 Rock Spri	(SEE SECTIONS 607.1501 & 607. ng Drive, Suite 204, Bethesda, MD 2081 (Princ	7	S., to determine penalty liability ce address)	·)			
		(Current mai	lling add	ress, if different)				
	Name and <u>stree</u> Name: ffice Address:	et address of Florida registered agent: (F Registered Agents Inc. 7901 4th St N STE 300			The Control of the Co	20 JUL 21 AH		
		St. Petersburg		. Florida <u>33702</u>	in.	4: 02		
		(City)		(Zip code)		02		

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.

Registered Agents Inc.

Bill Havre - Assistant Secretary

(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.

A. DIRECTORS Alicia L. Calderon Name: □ Chairman Name: ☐ Chairman □ Vice Chairman Address: ______ □ Vice Chairman Address: _____ 6500 Rock Spring Drive, Suite 204 Director □Director Bethesda, MD 20817 □ President □President □Vice President ____ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ Diego Calderon Name: □Chairman □ Chairman □Vice Chairman Address: ____ ☐ Vice Chairman Address: 6500 Rock Spring Drive, Suite 204 □ Director □ Director Bethesda, MD 20817 □President □President □Vice President _____ □ Vice President □ Treasurer ☐Treasurer ■ Secretary □ Secretary □Other _____ ☐Other _____ ☐Other _____ □Other ______ David Eynck □Chairman Name: □ Chairman □ Vice Chairman Address; _____ ☐ Vice Chairman Address: _ 6500 Rock Spring Drive, Suite 204 □ Director □Director Bethesda, MD 20817 President □President □Vice President ____ □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary ■Other Senior VP □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. A least Colores 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.

, Alicia L. Calderon - Director

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 WASHINGTON HOME MORTGAGE CORPORATION (D17150020), INCORPORATED MARCH 30, 2016, 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 APRIL 17, 2020.

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: -EpYr32yok2RVgd-gN7W_A To verify the Authentication Code, visit http://dat.maryland.gov/verify