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COVER LETTER

TO:	Division of Corporations					
SUBJ	ECT: Innovative	Mortgage Group Inc				
1,5 0, 120		Name of co	rporation -	must include suffix		
Dear S	iir or Madam:					
"Certif	ficate of Existence		iood Stand	authorization to Transact ing" and check are subm s in Florida.		
Please	return all correspo	ondence concerning th	nis matter t	to the following:		
Samue	l Bassan					
		1	Name of P	erson		
Innova	tive Mortgage Grou	p Inc				
		F	irm/Comp	pany		
274 Ur	iion Blyd, Suite 410					
			Addres	SS		٠- ٢
Lakew	ood, CO 80228					
		Cit	y/State an	d Zip code		!
sam@i	mgloans.com					·
		h-mail address: (to	be used to	r future annual report no	tification)	•
For fu	rther information o	concerning this matter.	, please ca	H:		;
Samuel Bassan 720		220	429 2297 E., 101		**-	
Samue		at (<u>/</u>	20	_) 638-2387 Ext 101 	Ml	
	Name of Person	<i>/</i> *	vrea Code	Daytime Telepho	one Number	
	Registration Sec Division of Corp The Centre of Ta	oorations illahassee Street, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Please		he following amount: to: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Sta	: & 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Fi Certificat Certified	e of Status &

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.

Innovative Mo	Innovative Mortgage Group Inc						
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATION."					
Innovative Mo	rtgage Group FL Inc						
(If name unava	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in l	Plorida)				
2. Colorado	3	N/A					
(State or coun	3. try under the law of which it is incorporated)	(FEI number, if applicable)					
4. 7/15/2015	5	N/A					
	e of incorporation)	(Date of duration, if other than perpetual)					
6. N/A							
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	~ · ·				
7. 274 Union Blvd	, Suite 410, Lakewood, CO 80228						
		ice street address)	,				
5879 High Driv	e, Evergreen, CO 80439		•				
	(Current maili	ng address, if different)					
8. Name and stre	<u>eet address</u> of Florida registered agent: (P.	O. Box NOT acceptable)					
Name;	Peter Cavaliere	<u></u>					
Office Address:	125 Laramie Drive						
	Palm Coast	Florida 32137					
	(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.

(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 Name: _____Bassan □ Chairman □ Chairman Address: ____ □ Vice Chairman ☐ Vice Chairman Address: _______ Evergreen, CO 80439 □ Director □ Director □President President □ Vice President ☐ Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □ Other _____ □Other _____ □ Other ______ □Other ____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: ______ □Director □ Director □President □President □ Vice President ☐ Vice President □Treasurer ☐ Secretary □ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □Chairman. □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President □ Vice President ____ ☐ Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer □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. 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.

Samuel Bassan

13.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Innovative Mortgage Group

is a

Corporation

formed or registered on 07/15/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151454529.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/01/2021 that have been posted, and by documents delivered to this office electronically through 04/03/2021 @ 08:46:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/03/2021 @ 08:46:45 in accordance with applicable law. This certificate is assigned Confirmation Number 13071241



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/hiz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."