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COVER LETTER

	gistration Section vision of Corporat	ions					
	Maabville		ae Com	pany			
SUBJECT	1:			- must include suffi	X		
Dear Sir or	Madam:						
The enclose "Certificate	ed "Application b	r "Certificate o	of Good Stanc	authorization to Tra ling" and check are s in Florida.	insact Business in F submitted to regist	Torida," er the	
Please retur	m all corresponde	nce concernir	ng this matter	to the following:			
Krister	n Kenney						
			Name of I	Person			
Nashv	ille Mortga	ge Com	pany				
			Firm/Com	pany			
700 Ce	enterpoint l	Ln					
			Addre	SS			
Nashv	ille, TN 37	209					
			City/State ar	id Zip code	> 0.	2921	
kristen.				ompany.com			7
	E	-mail address	: (to be used f	or future annual rep	ort notification	1 2	
For further	information conc	erning this m	atter, please c	ali:		27 PM S	T
Krister	n Kenney		_{at} 904	349-2606 Daytime T	の C C C ス A A A A A A A A A A A A A A A A	PM 9: 16	
Na	ame of Person	***	Area Code	Daytime T	elephone Number		
Re Di Th 24	rREET/COURIF egistration Section vision of Corpora he Centre of Tallal 15 N. Monroe Str dlahassee, FL 32	i itions hassee reet, Suite 810		Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314		
Enclosed is Please make □ \$70.00	s a check for the fee check payable to: Filing Fee	following amoust FLORIDA DI \$78.75 Filing Certificate o	EPARTMENT g Fee & [OF STATE 1 \$78.75 Filing Fee Certified Copy		ate of Status &	Æ

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. Nashville M		"COMPANIV" "CORDODATIO	×1 **	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY, CORPORATIO	IN,	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transaction	ng business in Florida)	
_{2.} Tennesse	ee, 3			
(State or country	y under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)	
₄ TN: 10/29	9/2020, FL: 2/10/2021 _{5.}		<u>.</u>	
	of incorporation)	(Date of duration, Worker	than perpetual)	
6.	<u> </u>			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		iity)	
700 Conto	erpoint Ln, Nashville, TN 372		, ,	
7. 100 Cente	(Principal offic			
DO D01		e street address)	D (27	
PU BOX 92	,	e <u>street</u> address)	ALLY	
PO Box 92	2422, Nashville, TN 37209	g address, if different)		
PO Box 92	2422, Nashville, TN 37209		HAY 27	
	2422, Nashville, TN 37209	g address, if different)	HAY 27 PH	
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	g address, if different)	HAY 27 PH	
	(Current mailing et address of Florida registered agent: (P.O.) Registered Agents Inc.	g address, if different)	HAY 27 P	
8. Name and stree	2422, Nashville, TN 37209 (Current mailing et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300	g address, if different) Box NOT acceptable)	HAY 27 PM 9: 1	
8. Name and stree Name:	2422, Nashville, TN 37209 (Current mailing et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300	g address, if different)	HAY 27 PM 9: 1	

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	•				
□Chairman	Name: Kristen Kenney	□Chairman	Name: Steven Kenney		
□ Vice Chairman	Address: 700 Centerpoint Ln	□Vice Chairman	Address: 700 Centerpoint Ln		
Z Director	Nashville, TN 37209	□Director	Nashville, TN 37209		
□President		☑ President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□ Treasurer		
□Other	□()ther	□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
	Address:	□Vice Chairman			
□ Director		Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	.⊟ [Treasurer		
□Other	Other	□Other	Fother F T		
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name: 27 PD		
□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. 12					

The officer or director signing this document (and who is fisted 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. Kristen Kenney, Managing Director



Division of Business Services Department of State

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

Issuance Date: 05/24

KRISTEN KENNEY

May 24, 2021

768 DARDEN PL

NASHVILLE, TN 37205

Request Type: Certificate of Existence/Authorization

Request #:

0419028

Copies Requested:

Document Receipt

Receipt #: 006380297

Payment-Credit Card - State Payment Center - CC #: 3807411099

Filing Fee

\$20.00

\$20.00

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Regarding:

Nashville Mortgage Company

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 10/25/2020

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

1139553

Date Formed: Formation Locale: TENNESSEE

10/25/2020

Verification #: 046489140

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

Nashville Mortgage Company

- * 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 filed the most recent annual report required with this office;
- * 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.

Secretary of State

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