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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 : (307)200-2803 Phone

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Ez Mortgage Processing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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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.

	ge Processing, Inc.		
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
EzMP, Ir	nc.		
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
2. Colorado	o		
	y under the law of which it is incorporated)		
4. 09/23/20)205.	(Date of duration, if other tha	
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)
6	(Date first transacted business i		<u> </u>
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	ŀ
7901 4th	St N STE 300 St. Pete	rsburg FL 33702	~2
/· <u></u>	. 221 P		
	(0,-1)	ng address, if different)	5.3
	(Current main	ng address, it different)	N 1/4
8. Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	P
Name:	Registered Agents Inc	C	PH 1: 42
Office Address:	7901 4th St N STE 30	00	., 10
Office Francisco	St. Petersburg (City)	Florida 33702	
	(City)	(Zip code)	
9. Registered age	ent's accentance:		
Having been nam	ed as registered agent and to accept serv	ice of process for the above stated c	orporation at the place
further agree to co	application, I hereby accept the appoints omply with the provisions of all statutes	relative to the proper and complete p	to act in this capacity. The performance of my duties,
and I am familiar	with and accept the obligations of my po	osmon as registerea agent.	
	RIL		
····	(Registered agent's s	rianature)	_
	(Kegisteren agent 8 :	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: Kevin Devine □ Chairman Chairman □ Vice Chairman Address: □Vice Chairman Address: ___ 6300 E. Hampden Ave. C303 Director □ Director Denver CO 80222 □President President □Vice President □ Vice President **E**Secretary □Treasurer ☐ Treasurer Secretary □Other _____ □Other_____ Other _____ Other ____ □Chairman Name: _____ □Chairman Address: _____ □Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □President President □Vice President □Vice President □ Treasurer □Treasurer □ Secretary □Secretary □Other _____ □Other _____ □Other _____ Name: ______ □Chairman □Chairman □Vice Chairman Address: __ □Vice Chairman Address: Director □Director □ President □President □ Vice President □Vice President ☐Treasurer □Treasurer □ Secretary □ Secretary □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. 1) Kerin Derine 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.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

EZ MORTGAGE PROCESSING, INC.

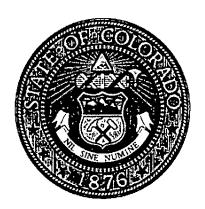
is a

Corporation

formed or registered on 09/23/2020 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 20201820053.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/28/2021 that have been posted, and by documents delivered to this office electronically through 07/29/2021 @ 14:41:08.

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 07/29/2021 @ 14:41:08 in accordance with applicable law. This certificate is assigned Confirmation Number 13334879



Jena Musuall: 5

Secretary of State of the State of Colorado

*****End of Certificate *******

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.vos.state.co.us/biz/CertificateSearchCrueria 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.vos.state.co.us/click="Businesses, trademarks, trade names" and select="Frequently Asked Questions."