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STELLAR MORTGAGE CORPORATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC	T: Stellar Mortgage Corporation				
		n - must include suffix			
Dear Sir o	r Madam:				
"Certificat	sed "Application by Foreign Corporation for the of Existence," or "Certificate of Good Sta renced foreign corporation to transact busin	r Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.			
Please retu	um all correspondence concerning this matte	er to the following:			
Sergey Um	ansky				
-	Name of	Person			
Stellar Mor	tgage Corporation				
	Firm/Cor	npany			
67 Buck Ro	oad, Suite 120				
	Addı	ress			
Huntingdon	Valley, PA 19006				
		and Zip code			
stellarmortg	gagecorp@gmail.com				
	E-mail address: (to be used	for future annual report notification)			
For further	information concerning this matter, please	call:			
Sergey Uma	Sergey Umansky 267 241-9900 at ()				
Na	arne of Person Area Cod	e Daytime Telephone Number			
Reg Div The 241	REET/COURIER ADDRESS: gistration Section vision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	a check for the following amount: check payable to: FLORIDA DEPARTMENT Filing Fee	OF STATE \$78.75 Filing Fee & \$87.50 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.

(Enter name of corporation; must include "IMCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp.") Welcome Home Lending Corporation (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Pernsylvania (State or country under the law of which it is incorporated) O5/20/2021 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Paracorp Incorporated (City) Tallahassee , Florida (City) Registered agent's acceptance: Having been named as registered degent 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. See attached (Registered agent's signature) (0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to	1	ge Corporation	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Pennsylvania (State or country under the law of which it is incorporated) (Object of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 67 Buck Road, Suite 120, Huntingdon Valley, PA 19006 (Principal office street address) (Current mailing address, if different) Name: Paracorp Incorporated Office Address: Tallahassee (City) 7. 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 familliar with and accept the obligations of my position as registered agent. See attached (Registered agent's signature)	(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
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(Registered agent's signature)			
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to		(Registered agent's	signature)
	10. Attached is a c	certificate of existence duly authenticate	d, not more than 90 days prior to delivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS		•	
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 67 Buck Road, Suite 120	□Vice Chairman	Address:
Director	Huntingdon Valley, PA 19006	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
□ Chairman	Name:	□Chairman	Name:
☐Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
□President	· <u>-</u>	President	
□Vice President		□Vice President	
Secretary	☐ Treasurer	□ Secretary	□Treasurer
□ Other	Other	Other	D0ther
Important Notice: U individuals may be a 12.	se an attachment to report more than six (6). The added to the index when filing your Florida Dep	ertment of State Annual Rep	for reporting purposes only. Non-indexed out form.
The officer or direct she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in n se information submitted in a document to the D	umber 11 above) affirms that Department of State constitute	t the facts stated herein are true and that he or es a third degree felony as provided for in
13. Sergey Uman	sky, President		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/04/2021

ENTITY NAME: Stellar Mortgage Corporation

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/03/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Stellar Mortgage Corporation

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210803131548-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify