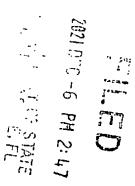
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S. HAWKES

DEC \_ \( \times \) 2021

### **COVER LETTER**

•	tration Section on of Corpora					
SUBJECT:	Calyx Mortga					
		Name of	corporation	n - must in	iclude suffix	
Dear Sir or M	adam:					
"Certificate of	Existence," c		f Good Star	nding'' and	d check are sub	et Business in Florida," mitted to register the
Please return a	all correspond	ence concerning	g this matte	r to the fo	llowing:	
Richard Wicks						
			Name of	Person		
One Rose Cons	sulting, LLC					
			Firm/Con	npany		
12207 Colony	Lakes Blvd.					
			Addr	ress		
New Port Rich	ey, FL 34654					
			City/State a	and Zip co	de	
	<del>-</del>	-mail address: (	to be used	for future	annual capacitic	Natitication)
	t.	,-man aggress. (	to be used	ioi iuture	amuai report i	iotification)
For further inf	ormation con	cerning this mat	ter, please	call:		
Richard Wicks	of Person	a	t ( <u>727</u> Area Cod		790 ex1004 Davtime Telep	hona Numbar
Ivanic	; or reison		Area Coc	ic.	Daytime retep	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck payable to:	following amou FLORIDA DEF \$78.75 Filing Certificate of	ARTMENT Fee &	□ \$78.75	TE Filing Fee & ed Copy	■ \$87.50 Filing Fee, 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATIO	N,"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
			<u></u>		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)		
2. Texas	3.	85-2878695			
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if a	pplicable)		
4. 09/03/2020	5				
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
ó					
<del></del>	(Date first transacted business in	Florida, if prior to registration)	Lie.		
	(SEE SECTIONS 607.1501 & 607.150	02, r.s., to determine penalty habi	my)		
7 <u>. 2245 Texas Drive</u>	e, Ste 300 Sugar Land, TX 77479		<del></del>		
	(Principal offic	e <u>street</u> address)	2		
9119 Hwy 6 Ste.	230-151 Missouri City. TX 77459				
	(Current mailing	g address, if different)			
	_		; 6		
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	-6 PH 2: 47		
Name:	One Rose Consulting, LLC		TO NOTE		
O.07 4 . l . l	12207 Calany Lakya Divid		西山		
Office Address:	12207 Colony Lakes Blvd.		171		
	New Port Richey				
	(City)	(Zip code)			
). Registered ago	ent's acceptance:				
***	ed as registered agent and to accept servic	e of process for the above state	ed corporation at the place		
	application, I hereby accept the appointm				
-	omply with the provisions of all statutes re with and accept the obligations of my pos		ete perjormance oj my au		
<b>,</b>	,	o manage i			
	Relit				
	(Registered agent's sig	gnature)	_		

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.

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: Simran Patel	□Chairman	Name:	
□Vice Chairman	Address: 10 Denoa Lane	□Vice Chairman		
□Director	Missouri City, TX 77459	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		□President		
□ Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The added to the ipdex when filing your Florida Deward Facel  Signature of Direct Control of the State of Direct Control of the State of State of Direct Control of the State of Direct Control of the State of State of Direct Control of State of Direct Control of State of Direct Control of the State of State	partment of State Annual Re		purposes only. Non-indexed

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.

13. Simran Patel President



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CALYX MORTGAGE INC (file number 803747370), a Domestic For-Profit Corporation, was filed in this office on September 02, 2020.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: September 03, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 27, 2021.



Jose A. Esparza
Deputy Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services