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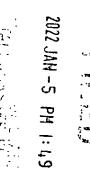
(Requestor's Name)
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(Business Entity Name)
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8. FRANKLIN JAN 0 5 2022

COVER LETTER

	istration Section					
	Magnity Mort					
SUBJECT	•	Name of corporat	ion - m	ust include suffix		
Dear Sir or	Madam:					
"Certificate	of Existence," c	oy Foreign Corporation for "Certificate of Good S rporation to transact bus	tanding	" and check are sub		
Please retur	n all correspond	ence concerning this mat	ter to t	he following:		
Amanda Gre	cn					
		Name	of Pers	on		2027
Magnify Mor	rtgage					Z JA
		Firm/C	ompan	у	2	1 1 151 UI ;
4600 S Ulste	r ST., STE 810				U)	<u> </u>
		Ad	dress		نىن پاي	
Denver, Colo	orado 80237					· -
		City/Stat	e and Z	ip code		. .
amanda.gree	n@magaifymortg	_	1 2 2		17	
	t:	-mail address: (to be use	d for i	ature annuai report i	iouncation)	
For further i	information con	cerning this matter, pleas	e call;			
Amanda Gre	en	at (, ;	377-617-7283		
Nai	me of Person	Area C	ode	Daytime Telep	hone 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			
	check payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 Fili Certificate Certified C	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.

1. Magnify Mortg	age me		
(Enter name of o	corporation; must include "INCORPORATED," " Forp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,	,
(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)
2 Colorado	3		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 05/03/2021	5.		
4. (Date of incorporation) 5. (Date of duration, if other than perpet		an perpetual)	
6.			
	(Date first transacted business in F		
7.4600 S Ulster S1	(SEE SECTIONS 607.1501 & 607.1502 STE 810 80237 DENUT CO 802 (Principal office	. F.S., to determine penalty liability 3 7 street address)	022 JAN -5
	(SEE SECTIONS 607.1501 & 607.1502 STE 810 80237 DENUT CO 802 (Principal office (Current mailing a	. F.S., to determine penalty liability 3 7 street address) iddress, if different)	022 JAN -5
	(SEE SECTIONS 607.1501 & 607.1502 STE 810 80237 DENUT CO 802 (Principal office	. F.S., to determine penalty liability 3 7 street address) iddress, if different)	022 JI
8. Name and stre	(SEE SECTIONS 607.1501 & 607.1502 C. STE 810 80237 (Principal office (Current mailing a et address of Florida registered agent: (P.O. I Amanda Green 7901 4th St N. STE 300	F.S., to determine penalty liability 3 7 street address) iddress, if different) Box NOT acceptable)	022 JAN -5
8. Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 T. STE \$10 80237	. F.S., to determine penalty liability 3 7 street address) iddress, if different)	022 JAN -5

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: Amanda Green	□ Chairman	Name:	
□Vice Chairman	Address: 4600 S Ulster St.	□Vice Chairman	Address:	
□ Director	Ste 810, Denver, Colorado	Director		
□President	80237	□ President		
□Vice President		□Vice President		
Z Secretary	□Treasurer	□ Secretary		□Treasurer
ZOther CEO	CFO CFO	□Other		Other
□Chairman	Name:	□Chairman	Name;	
□Vice Chairman	Address:	□ Vice Chairman		
☐Director		□Director		
□Presidem	•	□ President		
□Vice President		□Vice President		·
☐ Secretary	☐ Treasurer	☐ Secretary		☐Treasurer ←
□Other	□Other	Other		DOLLET JAN
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:	-5 H
□Director		Director		F23: 15
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		Treasurer
Other	□Other	□Other		Other
Important Notice: individuals may h	Use an attachment to report more than six (6). The odded to the index when filing your Florida Dep	artment of State Annual Re	ed for reporting peport form.	nurposes only. Non-indexed
	ector signing this document (and who is listed in males information submitted in a document to the D			

s.817.155, F.S.

Amanda Green - Secretary / CFO / CEO

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,

Magnify Mortgage, Inc.

is a

Corporation

formed or registered on 05/03/2021 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 20211429627.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/03/2021 that have been posted, and by documents delivered to this office electronically through 05/04/2021 @ 19:34:56.

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 05/04/2021 @ 19:34:56 in accordance with applicable law. This certificate is assigned Confirmation Number 13147400 .



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.sov.state.co.us/btz/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.sov.state.co.us'.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."