# F220000002782

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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### **COVER LETTER**

•	on Section of Corporat	ions			
SUBJECT: Syr	ichrony Moi	tgage Corp.			
SUBJECT:		Name of corporation	n - must include suffix		
Dear Sir or Madai	n:				
'Certificate of Ex	istence," o	y Foreign Corporation for r "Certificate of Good Star poration to transact busing	nding" and check are sub	et Business in Florida." mitted to register the	
Please return all c	orresponde	ence concerning this matte	r to the following:		
Ryan Reese					
		Name of	Person		
Synchrony Mortga;	ge Corp.				
	_	Firm/Cor	npany		
4645 Avon Ln. Ste	180A				
		Add	ress		
Frisco, TX 75033					
		City/State	and Zip code		
ryan.reese@synchi	onymortgat	ge.com			
	F	-mail address: (to be used	for future annual report	notification)	
For further inforr	nation con	erning this matter, please	call:		
Ryan Reese		972 at (	) 600-1199	600-1199	
Name of	Person	Area Co	de Daytime Teler	phone Number	
Registrat Division The Cent 2415 N.	ion Section of Corpora tre of Talla	itions hassee reet, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	
Enclosed is a che Please make check S70.00 Filing	payable to:	following amount:  FLORIDA DEPARTMEN  \$78.75 Filing Fee &  Certificate of Status	TT OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status &	

## ÁPPLICATION 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.

	Mortgage Corp.			
(Enter name of co	rporation; must include "INCORPORATED." rp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name a		usiness in Florida)	
, Texas	3.	3. 87-3924473		
	under the law of which it is incorporated)	(FEI number, if applic	rable)	
<sub>4.</sub> <u>12/07/20</u>		(Date of duration, if other than		
	(Dide of the office of the off			
6. 4/1/2022		11 - 11 - 17 - in an amintmation \		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	602. F.S., to determine penalty liability)		
<sub>7</sub> 4645 Avo	on Ln. Ste. 180A Frisco	TX 75033		
/	(Principal offi	ce <u>street</u> address)		
4645 Avon	Ln. Ste 180A Frisco TX 75033			
	(Current mailin	g address, if different)	~	
0.33		) Box NOT accentable)	2022 HAY -4 PH 5: 05 SEGNANASSEE, FL	
8. Name and street	street address of Florida registered agent: (P.O. Box NOT acceptable)  Northwest Registered Agent LLC			
Name:		<del></del>	#	
Office Address:	7901 4th St N STE 30	<del></del>	SS PA III	
	St. Petersburg	, Florida 33702	TO CO	
	(City)	(Zip code)	ر نے <u>بی</u>	
9. Registered ag	ent's acceptance:			
Having been nam	ned as registered agent and to accept server application, I hereby accept the appoint comply with the provisions of all statutes (	ment as registerea agent ana agree	An ace in into capacity - i	
and I am familia	with and accept the obligations of my pe	osition as registered agent.		
•	on Flower			
	(Registered agent's :	signature)	<del></del>	

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: Kyan Reese Address: 2048 Remination Ln.	Chairman	Name: Ryan Leese			
∐Vice Chairman	Address: 2048 Remington Ln.	□Vice Chairman	Address: 2048 Remington Ln			
□Director	Frisco TX 75033	□Director	Frisco TY 75033			
<b>■</b> President	Ryan Reese	□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	□Treasurer			
[]Other	□()ther	Other	∐Other			
□Chairman	Name:	□ Chairman	Name:			
	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□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	□Treasurei			
[]Other	□Other	Other	Other			
individuals may b	Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departu	nent of State Annual I	Report form.			
12.	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.						
13. Ryan Reese						
(Typed or printed name and capacity of person signing application)						

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Synchrony Mortgage Corp. (file number 804338949), a Domestic For-Profit Corporation, was filed in this office on December 07, 2021.

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

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 April 25, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Prepared by: SOS-WEB TID: 10264 Document: 1142896640004