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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gagliano Mortgage, J Name of corporation -	_
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter to	o the following:
Andrew L. G.	an liano
, time of the	
Caagliano Mo Firm/Comp	Hage Inc.
Firm/Comp	any
Sosi Linwood	d No.
Addres	S
Hoover AL 35 City/State and	244
City/State and	d Zip code
andy@ qaqlia	nomfg.com r futura annual report notification)
E-mail address: (to be used) fo	r future almual report notification)
For further information concerning this matter, please ca	11:
11 - 1	
Andrew Gagliano at (205 Name of Person) Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEPARTMENT Of \$70,00 Filing Fee \$\Bigsim \\$78.75 Filing Fee \$\Bigsim \Bigsim	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee,
Certificate of Status	Certified Copy Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

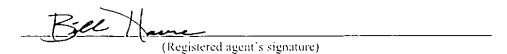
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	(Enter name of corporation; must include INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	(State or country under the law of which it is incorporated) 3. 63-1/39//3 (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	<u>3/3/1995</u> 5.
	3/3/1995 5. (Date of incorporation) (Date of duration, if other than perpetual)
6.	NA
7.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4500 Valleydale Rd, SteF, Birmingham, AL 35242 (Principal vilice street address) 5051 Linwood Dr, Hoover, AL 35244 (Current mailing address, if different)
	5051 Linwood Dr., Hoover, AL 35244 (Current mailing address, if different)
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
	Name: Registered Agents Inc. Registered Agents Inc. 7901 4th Street N, Suite 300
O	ffice Address: 7901 4th Street N, Suite 300
	St. Petersburg . Florida 33702 (City) (Zip code)

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.



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. BARECTORS			•
	Name Andrew Gagliano	∏Chairman Name	
∐Vice Chanman	Name Andrew Gagliano Address 5051 Linwood Dr	[]Vice Chanman - Address:	
	HOOVER, AL 35244		
	<u>-</u> -		
□Vice President		CiVice 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
□Othet	Other	Other	Other
□Chairman	Name:	☐Chairman Name:	
□Vice Chairman	Address:	□ Vice Chairman Address:	
Director		Director	
□President			
□Vice President		☐ Vice President	
☐ Secretary	☐Treasurer	□Secretary	☐Treasurer
□Other	Other	□Other	Other
Important Notice individuals may	Use an attachment to report more than six (6) to added to the index when filing an Florida	Department of State Annual Report form.	
12	Signature of	Director or Officer	
The officer or dishe is aware that CR17,155, F.S.	rector signing this document (and who is listed false information submitted in a document to	I in number 11 above) affirms that the fact	s stated herein are true and that he

Madeeul Gog Lano
(Typed) is printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Gagliano Mortgage, Inc. was formed in Jefferson County, Alabama on March 3, 1995. The Alabama Entity Identification number for this entity is 000-170341. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220428000011050

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/28/2022

Date

X 74. Merill

John H. Merrill

Secretary of State