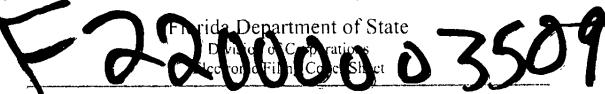
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	To:	Division of C Fax Number	orporations : (850)617-6383	Please keep original file date of 5/13/2022.						
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**									
20	annual report mailings. Enter only one email address please.** Email Address:									
6 PH 2	FOREIGN PROFIT/NONPROFIT CORPORATION G CrossCountry Mortgage Foundation									
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Corporate Filing Menu

Electronic Filing Menu

Help

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CrossCountry	Mortgage Foundation		
(Name of corpor import in langua in the name at pa	ration: must include the word "INCORPORA' age as will clearly indicate that it is a corporat resent. "Company" or "Co." may not be used	TED" or "CORPORATION" or words or abbreviations of instead of a natural person or partnership if not so coust a corporate suffix by a nonprofit corporation.)	f like ntained
CrossCountry N	fortgage Foundation, Inc.		
(If name unava	silable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Flo	rida)
2. Ohio		3 83-3017801	
(State or cour	ntry under the law of which it is incorporated)	3. (FEI number, it applicable)	
4. 09/29/2018		5 Perpetual	
·· (D	Date of Incorporation)	(Date of duration, if other than perpetual)	
6. Upon Filing			
(Date first condi	ucted uffairs in Florida if prior to registration. So	e sections 617.1501 & 617.1502, F.S. to determine penalty	liabilin)
7 6850 Miller Re	oad, Brecksville, OH 44141		221
1	(Principal of	lice street address)	
		Tice street address) g address, if different)	7
	(Current mailin	g address, if different)	
	,	,	¥ .
			5:0:
(Purpose(s) of o	and Giving Services corporation authorized in home state or counti	y to be carried out in the state of Florida)	9 9
9. Name and stre	<u>eet address</u> of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System 1200 South Pine Island Road		
Office Address:	1200 South Pine Island Road		
	Plantation	Florida 33324 (Zip Code)	
	(City)	(Zip Code)	
Having been nu designated in th further agree to	is application. I hereby accept the appoi	rvice of process for the above stated corporation a ntment as registered agent and agree to act in this is relative to the proper and complete performance position as registered agent.	canacity. I
-	C T Corporation System	Alfred Younan	
	By M. I cham	Assistant Secretary	
	(Registere	d agent's signature)	

11. 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.

Page: 4 of 5 ♣

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

A. DIRECTOR			Ron Lovebardt		
□Chairman	Name:	□Chairman □Vice Chairman	Name: Ron Leonhardt Name: 6850 Miller Road Address:		
∐Vice Chairman	Address:				
□ Director	Brecksville, OH 44141	□Director	Brecksville, OH 44141		
□President		B President			
■ Vice President		□Vice President			
□Secretary	☐Treasurer	□Secretary	□Treasurer		
□Other:	☐ Other:	COther:	Other:		
☐ Chairman	Debbie Leonhardt Name:	⊐Chairman	Name: Alex J. Ragon		
□Vice Chairman	Address:	□Vice Chairman	Address: 6850 Miller Rond		
ElDirector	Brecksville, OH 44141	■ Director	Breeksville, OII 44141		
□President		DPresident	22 HAY		
☐ Vice President		□Vice President	- -		
■ Secretary	☐Treasurer	□Secretary	□Treasurer □ .		
□Other:	Other:	□Other:	□ Other: ??		
U Chairman	Name:	⊒Chairman	Debbie Leonhardt Name:		
□Vice Chairman	6850 Miller Road Address:	□Vice Chairman	Address:		
Director	Breeksville, OH 44141	Director	Brecksville, OH 44141		
ElPresident		TIPresident			
□ Vice President		ZIVice President			
☐ Secretary	Treasurer	□Secretary	□ Treasurer		
710ther:		E Other:			
NOTE: Importar Non-indexed indi	nt Notice: Use an attachment to report more than six widuals may be added to the index when filing your l	(6). The attachment Florida Department o	will be imaged for reporting purposes only, of State Annual Report form.		
13. <u>/s/ Alex J. F</u>	Ragon (Signature of Chairman, Vice Chairman, or any off	icer listed in number	12 of the application)		
14. Alex J. Rago	On, Vice President (Typed or printed name and capacity of per				
	(a yped or printed name and capacity of per	son signing alburgar	Karj.		

To: Page: 5 of 5 + 2022-06-06 11:46:23 PDT 19548277645 From. Keity Toon

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CROSSCOUNTRY MORTGAGE FOUNDATION, an Ohio not for profit corporation, Charter No. 4237529, having its principal location in Cleveland, County of Cuyahoga, was incorporated on September 29, 2018 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, (Unio this 13th day of May, A.D. 2022.

Ohio Secretary of State

I fore

Validation Number: 202213301210