Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING

Account Number : I20150000056 Phone : (469)688-8441 Fax Number : (972)587-7479

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kelly@amlicensing.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Clear to Close, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

S. FRANKLIN JUL 2-2-2022

COVER LETTER

_	stration Section sion of Corporation	5			
SUBJECT:	Clear to Close, Inco	orporated			
		Name of corporation	n - must include suff	īx	
Dear Sir or N	Madam:				
"Certificate of	of Existence," or "C		nding" and check are	ansact Business in Florida," e submitted to register the	
Please return	all correspondence	concerning this matte	r to the following:		
Kelly Gaudre	au				
		Name of	Person		
AM Licensing	3			2622 :: 2	
		Firm/Cor	npany	رم. م	
805 Country (Club Dr			2	1
		Addı	ress		
Heath, TX 75	032				
- 1 / 1 / 2 - 1 / 1 / 2 - 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		City/State	and Zip code		ر را
kellyu@amlic	ensing.com			1	び
	E-ma	l address: (to be used	for future annual rep	ort notification)	
For further in	formation concerni	ng this matter, please	call:		
Kelly Gaudres	1 u	903 at (268-6480		
Naп	e of Person	Area Coo	le Daytime T	elephone Number	
Regi: Divis The 0 2415	EET/COURIER A stration Section sion of Corporations Centre of Tallahasse N. Monroe Street, hassee, FL 32303	s ee	Registrati Division o P.O. Box	on Section of Corporations 6327 ce, FL 32314	
	ling Fee 🔲 \$78	RIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee Certified Copy	& \$87.50 Filing Fee, Certificate of Status of Certified Copy	&

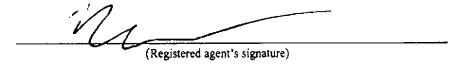
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. Clea	ır to Close, I	ncorporated	
		orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If na	ime unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Colo	orado	3	87-4612638
	te or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. H/I	0/2021	5.	
''	(Date	of incorporation)	(Date of duration, if other than perpetual)
6. up oi	n approval		
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
, 8600	Park Meado	iws Dr. Suite 300A, Lone Tree, CO 80124	
/		(Principal offi	g address, if different)
	 .	(Current mailin	g address, if different)
8. Nап	ie and <u>stree</u>	et address of Florida registered agent: (P.C	Box NOT acceptable)
	Name:	Registered Agent Solutions, Inc.	·
Office .	Address:	155 Office Plaza Dr., Suite A	
		Tallahassee	, Florida
		(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.

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A. DIRECTORS			
□ Chairman	Name:	Chairman	Name: Gary Carlson
□Vice Chairman	8600 Park Meadows Dr Address:	Vice Chairman	8600 Park Meadows Dr Address:
Director	Suite 300A	Director	Suite 300A
☐President	Lone Tree, CO 80124	_ President	Lone Tree, CO 80124
□Vice President		Vice President	
□Secretary	Treasurer	□Secretary	☐Treasurer
Other	Other	Other	
□Ch a irman	Rena Turner Name:	□ Chairman	Derek Kliner
	Address: 8600 Park Meadows Dr		8600 Park Meadows Dr
Director	Suite 300A		Suite 300A
■ President	Lone Tree, CO 80124		Lone Tree, CO 80124
□Vice President		Vice President	
□Secretary	☐Treasurer	☐ Secretary	□Treasurer ~
Other	□ Other	Other	2022 John
□ Chairman	Name:Robert Bronswick	□Chairman	Name:
⊒Vice Chairman	Address: 8600 Park Meadows Dr	Vice Chairman	Address:
Director	Suite 300A	Director	. ယ
□President	Lone Tree, CO 80124	President	
□Vice President	,	_ □ Vice President	
Secretary	Treasurer	□ Secretary	□Treasurer
Other	Other	Other	Other

The officer or director signing this document (and who is listed in number ill 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.\$.

Signature of Director or Officer

Dana Dodd

(Typed or printed name and capacity of person signing application)

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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,

Clear to Close, Incorporated

is a

Corporation

formed or registered on 11/10/2021 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 20218069613.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/20/2022 that have been posted, and by documents delivered to this office electronically through 07/21/2022 @ 10:33:22.

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 07/21/2022 @ 10:33:22 in accordance with applicable law. This certificate is assigned Confirmation Number 14177700



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fielly and immediately yalid 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.sos.state.co.us/btz/CertificateSearchCriteria.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.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."