F22000004946

(Rec	questor's Name)			
(Add	fress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	filing Officer:			





600391355996

01/01/11--0104--031 **75.00

10:5 FI 1-1 PH 5: 01

S. FRANKLIN AUG - 6 2022

COVER LETTER

TO: Registratio	n Section f Corporations		
SUBJECT:	First Georgia Home Mo	ortgage, Inc.	
	Name of corporat	ion - must include suffix	
Dear Sir or Madam	1:		
"Certificate of Exis	olication by Foreign Corporation (stence," or "Certificate of Good S preign corporation to transact bus	tanding" and check are subm	
Please return all co	rrespondence concerning this ma	tter to the following:	
Sherry	Upp		
	Name	of Person	
MCSI			
	Firm/C	ompany	2
32	80 NC Hwy 69, Suite 4H		2622
	Ac	ldress	
	Hayesville, North Carolina	28906	1 1
_	City/Stat	e and Zip code	P
	sherryupp@bellsouth.net		
	E-mail address: (to be use	ed for future annual report no	tification)
For further informa	ation concerning this matter, pleas	se call:	
Sherry Upp	at (678	չ 772-9755	
Name of F	<u>att</u>		one Number
Registratio Division of The Centre 2415 N. M	COURIER ADDRESS: on Section of Corporations of Tallahassee onroe Street, Suite 810 or, FL 32303	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	c for the following amount: ayable to: FLORIDA DEPARTME ayable	NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

Georgia Home Mortgage Florida, Inc. ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	iness in Florida)
3		
under the law of which it is incorporated)	(FEI number, if applicat	ole)
2009 5		
of incorporation)	(Date of duration, if other than p	erpetual)
NA		
		2622 (1):2-1
Registered Agents Inc.		
7901 4th St N STE 300	_	
St. Petersburg	_ . Florida 33702	Pil 5:
(City)	(Zip code)	Ú.
	y under the law of which it is incorporated) 2009 5. of incorporation) NA (Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502, Maybelle Street Cartersville, Ga 30' (Principal office see Current mailing act address of Florida registered agent: (P.O. B. Registered Agents Inc. 7901 4th St N STE 300	(Date of duration, if other than policy of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Maybelle Street Cartersville, Ga 30120 (Principal office street address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg Florida 33702

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.

(Registered agent's signature)

A. DIRECTORS Maurni Moss Name: □ Chairman □ Chairman Name: □Vice Chairman Address: 290 Bowen Rd. White, Ga 30184 □ Vice Chairman Address: □Director □ Director □President □ President ☐ Vice President □Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary ⊠wther _CEO □Other _ _____ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Address: □ Vice Chairman Address: ☐ Vice Chairman ☐ Director Director □President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary 2022 [N 1] Other □ □ Other _____ Name: _____ ☐ Chairman Chairman Name: ☐ Vice Chairman □Vice Chairman Address: Address: Director □Director □President □ President ☐ Vice President ☐ Vice President __ □Treasurer □Treasurer ☐ Secretary []Secretary ☐ Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

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

Maurni Moss CEO

Control Number: 09049350

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

l, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FIRST GEORGIA HOME MORTGAGE, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23324019 Date Inc/Auth/Filed: 07/13/2009 Jurisdiction : Georgia Print Date : 07/28/2022

Form Number : 211



Brad Raffangage

Brad Raffensperger Secretary of State