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OCT 19 2022 M. SCLOMON

COVER LETTER

TO: Registration Section Division of Corpor				
	ge Corporation			
SUBJECT:	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
	or "Certificate of Good Sta	r Authorization to Transact Business in inding" and check are submitted to reguess in Florida.		
Please return all correspond Daniel Magstadt	dence concerning this matte	er to the following:		
	Name o	f Person		
Allied Mortgage Corporation			202	
7185 Colfax Ave. Suite 100-G	Firm/Co	mpany	2 00T 1	
Cumming, GA 30040				
City/State and Zip code dan@allied-mortgage.com				
	a-mail address: (to be used	for future annual report notification)		
For further information con	cerning this matter, please	call:		
Daniel Magstadt	386	365-7161		
Name of Person	at (Area Co	de Daytime Telephone Number		
STREET/COURI: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n utions hassee reet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the Please make check payable to: \$\times \frac{1}{2} \\$70.00 \text{ Filing Fee}	FLORIDA DEPARTMEN	☐ \$78.75 Filing Fee & ■ \$87.50 Certified Copy Certified	Filing Fee.	

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.

Allied Mortgage Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

1BC., CO., C	forp," "Inc." "Co." or "Corp.")					
Allied Mortgage	: Company, Inc					
(If name unavail	able in Florida, enter alternate corporate nar	ne ador	oted for the purpose of transacting	business in Florida)		
Georgia)396086			
	y under the law of which it is incorporated)	3	(FEI number, if applicable)			
(State or count) 9/21/2022	y under the law of which it is incorporated)		(FEI number, if app	licable)		
		5				
(Date of incorporation)			(Date of duration, if other than perpetual)			
	(Principal c	office <u>st</u>	reet address)			
	(Current mai	iling ad	dress, if different)	2622		
				130		
Name and street	et address of Florida registered agent: (I	'.O. B	ox <u>NOT</u> acceptable)	38 I		
Name:	Registered Agents Inc.			ع پير		
Name.	7901 4th St N STE 300		_	7		
Tice Address:				, ^{7 (0)} , >≥ (
Tice Address:			33702	A		
ffice Address:	St. Petersburg		33702 Florida			

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.

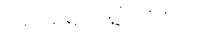
(Registered agent's signature)

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. DIRECTORS								
□Chairman								
□Vice Chairman	Address: 7185-ColfaxA Daniel Magstadt							
□ Director	Suite_106				_			
■ President	lumming, bt							
□Vice President	30040	Vice President			_			
Secretary	!∃Treasurer	□ Secretary		□Treasurer				
Other	Other	□Other		Other	_			
□ Chairman	Name:	[]Chairman	Mame:		_			
□Vice Chairman	Address:	□Vice Chairman	Address:		_			
□Director		□Director						
□President		□President						
□Vice President		□Vice President			_			
□ Secretary:	☐ Treasurer	□Secretary		□Treasurer: :				
□Other	Other	□Other		Other	_ :			
				<u>a</u>	,			
Chairman	Name:	□ Chairman	Name:	<u>}</u>	_ <u>!</u>			
□ Vice Chairman	Address:	□Vice Chairman	Address:		_			
□Director		□Director			_ 			
□President		□President						
□Vice President		□Vice President						
□ Secretary	Treasurer	☐Secretary		☐Treasurer				
Other	□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. 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 fidse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.

Daniel Magstadt, President



Control Number: 22200530

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

Allied Mortgage Corporation 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 : 23734489 Date Inc/Auth/Filed: 09/21/2022 Jurisdiction : Georgia Prin Date : 09/26/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State



October 10, 2022

DANIEL MAGSTADT ALLIED MORTGAGE CORPORATION 7185 COLFAX AVE, SUITE 100-G CUMMING, GA 30040

SUBJECT: ALLIED MORTGAGE CORPORATION

Ref. Number: W22000127954

We have received your document for ALLIED MORTGAGE CORPORATION and check(s) totaling S87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

No address listed for Daniel Magstadt.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 122A00022598

Mel Solomon Senior Section Administrator