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SECRETARY OF STATE

2023 JUL 31 KH 10: 28

COVER LETTER

TO:	D: Registration Section Division of Corporations					
SHRJ	ECT: Victory Mortgage Holdin	ng, Inc., a Delaware	Corporation			
300	Na Na	me of corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certif	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	cate of Good Stan	ding" and check are sub-			
Please	return all correspondence conc	erning this matter	to the following:			
Kathy	McElroy					
	•	Name of	Person			
Fischer	r Homes					
	·	Firm/Com	pany			
3940 C	Dlympic BlvdSuite 400					
		Addre	ess			
Erlang	er, KY 41018					
		City/State a	nd Zip code			
legal@	fischerhomes.com					
	E-mail add	lress: (to be used f	or future annual report n	otification)		
For fur	rther information concerning th	is matter, please c	all:			
Kathy	Name of Person at (859 341-4709 Area Code Daytime Telephone Number					
	Name of Person	Area Code	Daytime Telepl	hone Number		
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7		
Please	-	A DEPARTMENT	OF STATE 378.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

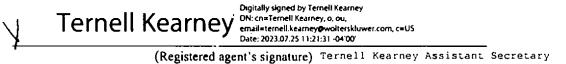
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. Victory Mortgag	ge Holding, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business	in Florida)	
2. Delaware	3	31-1809764		
(State or country 05.15.2021	y under the law of which it is incorporated)	(FEI number, if applicable) on S		
(Date	of incorporation)	(Date of duration, if other than perpet	nial) (
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 vdSuite 110, Erlanger KY 41018	Florida, if prior to registration) 502, F.S., to determine penalty liability)	第5 28	
3940 Olympic B	(Principal offi lvdSuite 110 Erlanger KY 41018	ce <u>street</u> address)	त्रा	
	(Current mailin	g address, if different)		
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)		
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road	<u> </u>		
	Plantation	, Florida 33324		
	(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.

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

Greg A. Fischer Tara M. Kersting □ Chairman □ Chairman Name: 3940 Olympic Blvd-Suite 400 3940 Olympic Blvd.-Suite 110 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Erlanger, KY 41018 Erlanger KY 41018 Director Director □ President □ President □Vice President □ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other □Other □Other ___ Other □ Chairman Chairman Name: Name: _____ □Vice Chairman □Vice Chairman Address: Address: □ Director □ Director □ President □President □Vice President ____ ☐ Vice 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 □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. 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

Tara M. Kersting, Director

s.817.155, F.S.

A. DIRECTORS



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VICTORY MORTGAGE HOLDING, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY,

A.D. 2023.



Authentication: 203824817

Date: 07-25-23