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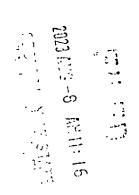
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bankers Mortgage Capi	tal, Inc.		
N N	ame of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forcig "Certificate of Existence," or "Certif above referenced forcign corporation	ficate of Good Standi	ig" and check are subm	
Please return all correspondence con	cerning this matter to	the following:	
Daniel Choi			
	Name of Pe	rson	
Bankers Mortgage Capital, Inc.			
	Firm/Compa	ny	<u> </u>
6325 Woodside Court, Suite 110			
	Address		_
Columbia, MD 21046			
	City/State and	Zip code	
daniel@bmchomeloans.com			
E-mail ad	dress: (to be used for	future annual report no	tification)
For further information concerning t	his matter, please call	:	
Daniel Choi	at (348-1080 Daytime Telepho	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING AD Registration Se Division of Cot P.O. Box 6327 Tallahassee, FL	ction porations
-	OA DEPARTMENT OF Filing Fee & S	F STATE 178.75 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.

Bankers Mortga	ge Capital, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	
Maryland	3.	92-3378494 3.	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/06/2023	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
n/a			
6325 Woodside C	(Date first transacted business in SEE SECTIONS 607.1501 & 607.150 Court, Suite 110, Columbia, MD 21046		
· <u> </u>		e street address)	
6325 Woodside (Court, Suite 110, Columbia, MD 21046		
	(Current mailing	address, if different)	
3. Name and stree	et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	<u>—</u>	
	Plantation	, 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.

Eric Jensen, Assistant Secretary

(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	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Columbia, MD 21046	□Director				
■President		□President				
□Vice President	- design of the control of the contr	□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				
□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	□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 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.						
13. Danny Y Ko						

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

STATE OF MARYLAND Department of Assessments and Taxation

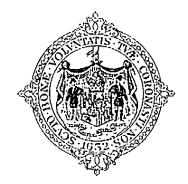
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BANKERS MORTGAGE CAPITAL, INC. (D23838923), INCORPORATED APRIL 06, 2023, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 12, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: hQx5OlkoSkKc4_WX83RQmg To verify the Authentication Code, visit http://dat.maryland.gov/verify