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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| _ | istration Section | | a |
|--|--|--|---|
| Divi | ision of Corporations | _ | |
| SUBJECT | The Total Mortgage Community Foundation | ı, Inc. | |
| | Name of Corporation | - must include suffix | |
| Dear Sir or N | Madam: | | |
| Affairs in Fl | d "Application by Foreign Not for Profit Corida", "Certificate of Existence", or "Centbove referenced not for profit corporation | tificate of Status" and cho | eck are submitted to |
| Please return | n all correspondence concerning this matte | er to the following: | |
| | Hailey Rice | | |
| | Name of | Person | |
| | The Total Mortgage Community Foundat | ion, Inc. | |
| | Firm/Co | mpany | |
| | 185 Plains Rd | | |
| | 3rd Floor | | |
| | Addr | ess | |
| | Milford, CT 06461 | | |
| | City/State and | l Zip Code | |
| | legal@totalmortgage.com | | |
| | E-mail address: (to be used for fu | ture annual report notifica | ation) |
| For further i | nformation concerning this matter, please | call: | |
| Hailey Rice | 2 at (| 03 707-5689 | |
| | | rea Code Daytime Te | lephone Number |
| | ling Address: | Street Address: | |
| _ | sistration Section | Registration Section | |
| Division of Corporations | | Division of Corporations The Centre of Tallahassee | |
| P.O. Box 6327 Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | |
| 141 | latiassee, 1 E 32314 | Tallahassee, FL 323 | |
| Enclosed is Please make | a check for the following amount: check payable to: FLORIDA DEPARTMEN | T OF STATE | |
| ■ \$70.00 F | | □\$78.75 Filing Fee & Certified Copy | □\$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| | rtgage Community Foundation, In | |
|--|---|--|
| (Name of corpo import in langua in the name at p | ration: must include the word "INo age as will clearly indicate that it is resent. "Company" or "Co." may r | CORPORATED" or "CORPORATION" or words or abbreviations of like s a corporation instead of a natural person or partnership if not so contained not be used as a corporate suffix by a nonprofit corporation.) |
| (If name unava | ailable in Florida, enter alternate co | orporate name adopted for the purpose of transacting business in Florida) |
| Comment | | 07.2121729 |
| 2. Connecticut | ntry under the law of which it is in | 3, 86-3121338 (FEI number, if applicable) |
| | | - (17.1 Harriott, 11 application) |
| 4. (I | Date of Incorporation) | 5(Date of duration, if other than perpetual) |
| | | |
| (Date first cond | | gistration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) |
| , 185 Plains Rd. | 3rd Floor, Milford, CT 06461 | |
| /. | | Principal office street address) |
| | | |
| | (Cu | rrent mailing address, if different) |
| | | |
| o Non profit cha | aritable activity; solicitation of con | tributions. |
| o. (Purpose(s) of | corporation authorized in home sta | tributions. ate or country to be carried out in the state of Florida) |
| | | y ^m y |
| 9. Name and <u>str</u> | eet address of Florida registere | d agent: (P.O. Box NOT acceptable) |
| Name: | Denise Panza | The state of the s |
| Office Address: | 3055 Cardinal Drive, Suite 101 | |
| Office Hadress. | Vero Beach | A agent: (P.O. Box NOT acceptable) Property of process for the above stated corporation afthe place |
| | (City) | (Zip Code) |
| 10 Dagietaros | l agent's acceptance: | |
| Havina heen ni | amed as registered agent and to | o accept service of process for the above stated corporation af the place |
| designated in th | his application. I hereby accept | t the appointment as registered agent and agree to act in this capacity. I fall statutes relative to the proper and complete performance of my duties, |
| and I am famil | iar with and accept the obligat | ions of my position as registered agent. |
| | $\Omega_{\mathbf{A}}$ | N |
| | 'MM | Marin |
| | | (Registered agent's signature) |
| 11 Attachadie | a cartificata of existence duly | authenticated, not more than 90 days prior to delivery of this application to |
| the Departr | ment of State, by the Secretary a under the law of which it is in | of State or other official having custody of corporate records in the |

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

| A. DIRECTOR | | | Look Vinn |
|------------------|---|------------------------|--------------------------------------|
| ■Chairman | | □Chai⊓nan | Name: Josh King |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| □Director | Milford, CT 06461 | □Director | Milford, CT 06461 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | Treasurer | ■ Secretary | □Treasurer |
| □Other: | Other: | Other: | Other: |
| □ Chairman | Deena DeCarlo Name: | □Chairman | Kristen Gordon |
| □Vice Chairman | Address: 185 Plains Rd. 3rd Floor | □Vice Chairman | 185 Plains Rd, 3rd Floor Address: |
| □Director | Milford, CT 06461 | ■Director | Milford, CT 06461 |
| President | | □President | |
| □Vice President | | □Vice President | |
| ☐ Secretary | □Treasurer | ☐ Secretary | □Treasurer |
| □Other: | Other: | □Other: | Other: |
| □ Chairman | Hayden Worrell | □Chairman | Suzanne Greene Name: |
| □Vice Chairman | Address: 185 Plains Rd, 3rd Floor | □Vice Chairman | 52 Beacon Hill Drive Address: |
| □Director | Milford, CT 06461 | ■Director | Mansfield, CT 06268 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| Secretary | ■Treasurer | Secretary | □Treasurer |
| □Other: | Other: | □Other: | □Other: |
| Non-indexed indi | at Notice: Use an attachment to report more than six viduals may be added to the index when filing your | Florida Department | of State Annual Report form. |
| 13 | (Signature of Chairman, Vice Chairman, or any of | ficer listed in number | 12 of the application) |
| 14. | Josh King Secretica | rson signing applicat | ion) |

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Thursday, May 02, 2024 10:29 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Non-Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

| Business Name | THE TOTAL MORTGAGE COMMUNITY FOUNDATION, INC. |
|----------------|---|
| Business ALEI | US-CT.BER:1369617 |
| Formation Date | 12/14/2020 |

Secretary of the State

Business ALEI: US-CT.BER:1369617 Certification
Note: To verify this certificate, visit Business.ct.gov

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