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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
<u>.</u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



05/15/24--01030---001



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: South County Mortgage Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

÷

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Paul Byron Jr			
· <u> </u>	Name of P	erson	
South County M	ortgage Corp.		
	Firm/Comp	bany	
11 Blackbird Re	bad		
<u> </u>	Addres	SS	
West Kingston	RI	0289	2
	City/State an	d Zip code	
pj@scmtg.net			
E-n	nail address: (to be used fo	or future annual report noti	fication)
For further information concer	ming this matter, please ca	11:	
Paul Byron Jr	at (_) 401-626-5983	
Name of Person	Area Code	Daytime Telephon	e Number
			N DOG
STREET/COURIER Registration Section	ADDRESS:	MAILING ADD Registration Secti	
Division of Corporation	ons	Division of Corpo	
The Centre of Tallaha		P.O. Box 6327	
2415 N. Monroe Stree	et, Suite 810	Tallahassee, FL	32314
Tallahassee, FL 3230	3		
Enclosed is a check for the fol			
Please make check payable to: F			_
<u> </u>	5	\$78.75 Filing Fee & D	□ \$87.50 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
			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.

1. South County Mortgage Corp.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

ŔI	3	05-0482935	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applic	able)
02/23/19	955.		
(Date	e of incorporation)	(Date of duration, if other than	perpetual)
N/A			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
11 Blookbir			
	d Road West Kingston RI 02892		
		ice <u>street</u> address)	
	(Principal off	ice <u>street</u> address) ng address. if different)	
	(Principal off	ng address. if different)	24
	(Principal off (Current mailin	ng address. if different)	24 HAY
Name and <u>stre</u> Name:	(Principal off (Current mailin et address of Florida registered agent: (P.C	ng address. if different)	24 HAY 15 1
Name and stre	(Principal off (Current mailin et address of Florida registered agent: (P.C Registered Agents Inc. 7901 4th St. N., Ste 300	ng address. if different)	24 HAY 15 PH 3: 57

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]:

A: DIRECTORS

.

□Chairman	Name: Paul Byron Jr	□Chairman	Name:
□Vice Chairman	Address: 11 Blackbird Road	□Vice Chairman	Address:
Director W	/est Kingston RI 02892	Director	
(X)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	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
	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmer		

12.	(al any	٦
	Signature of Direct	or 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.

Paul Byron Jr
(Turned as adjusted name and consolity of nomon city

13.



State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

South County Mortgage Corp.

is a Rhode Island Business Corporation organized on **February 23, 1995.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices: such information is not available from this office.

SIGNED and SEALED on

May 07, 2024

Freg M. Coure

Secretary of State



Certificate Number: 24050025350 Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx Processed by: aalbert