F24000005782

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	D MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer.

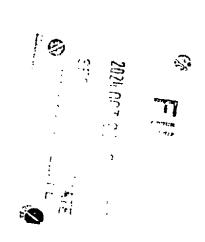




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COVER LETTER

то:		ation Section n of Corpora	tions			
SHRI	FCT.	Castle Group N	fortgage Corp.			
3000			Name of cor	poration - n	nust include suffix	
Dear S	Sir or Mad	lam:				
"Certi	ficate of I	Existence." o	y Foreign Corpora r "Certificate of Go poration to transac	ood Standin	horization to Transact g" and check are subm n Florida.	Business in Florida." itted to register the
Please	return al	l corresponde	ence concerning th	is matter to	the following:	
Emkat	Watkins					
-				lame of Per	son	
One R	ose Consu	lting LLC				
			F	irm/Compar	ny	
132 Hi	ines Dr.					
				Address		
Four C	aks, NC 2	7524				
•			City	v/State and 2	Zip code	
jcastill	o@egiplat					
		1:	-mail address: (to l	ne used for t	tuture annual report no	etification)
For fu	rther info	rmation conc	erning this matter.	please call:		
Emkat	Watkins		7 at (27)	353-3188	
	Name	of Person			Daytime Teleph	one Number
	Registr Divisio The Ce 2415 N	ation Section n of Corpora ntre of Tallal	tions nassec eet, Suite 810		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, F1	ction porations
Please		k payable to:	following amount: FLORIDA DEPAR \$78,75 Filing Fee Certificate of Sta	& □\$	F STATE 78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

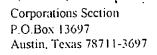
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transac	eting business in Florid	la)
TY	y under the law of which it is incorporated)	33-1428224		
(State or count	y under the law of which it is incorporated)	(FEI number, it	applicable)	
10/10/2024				
	sof incorporation) 5.	(Date of duration, if oth	er than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)	
3883 Westmart I	or, Suite 230 Houston, TX 77042			
· 	(Principal offi	ce <u>street</u> address)		
		1.1 1/1.11/53		_
	(Current mailin	g address, if different)		_
Name and stre		~		_
	et address of Florida registered agent: (P.C	~	· 69 . 283	- &
Name and stre	et address of Florida registered agent: (P.C Registered Agents Inc	~	Z02!: 0:C	- B
	et address of Florida registered agent: (P.C	~	2021: DCT	
Name:	et address of Florida registered agent: (P.C. Registered Agents Inc	. Box <u>NOT</u> acceptable) Florida 33702	2021: 5157	
Name:	et address of Florida registered agent: (P.C. Registered Agents Inc	Box <u>NOT</u> acceptable)	2021: ೧೯೯	
Name: Office Address:	et address of Florida registered agent: (P.C. Registered Agents Inc	. Box <u>NOT</u> acceptable) Florida 33702	2021 (107 ()	
Name: Office Address: Registered ag	et address of Florida registered agent: (P.C. Registered Agents Inc	. Box NOT acceptable) Florida 33702 (Zip code)	ited corporation at t	he place
Name: Office Address: Registered aglaving been nandesignated in this	et address of Florida registered agent: (P.C. Registered Agents Inc	. Box <u>NOT</u> acceptable) Florida \(\frac{33702}{\text{Zip code}} \) we of process for the above statement as registered agent and a clative to the proper and comp	ited exporation at to gree to act in this co	he place

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 Joseph Castillo Name: _____ □ Chairman Name: □Chairman 3883 Westmart Dr. Suite 230 □Vice Chairman Address: □Vice Chairman Address: Houston, TX 77042 □ Director ☐ Director □President President □ Vice President □ Vice President ☐Treasurer □ Secretary ☐Treasurer ☐ Secretary □Other ____ □ Other □Other ____ □Other _____ ☐ Chairman Name: Name: □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director □ Director □ President □ President □ Vice President □Vice President _____ □ Secretary □ Treasurer ☐Treasurer ☐ Secretary □Other _____ □ Other □Other _____ □Other _____ Name: ______ Name: ______ □ Chairman ☐Chairman □ Vice Chairman Address: □Vice Chairman Address: ______ □ Director Director □ President □President □Vice President ☐ Vice President □Treasurer □ Secretary □ 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. 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. Joseph Castillo

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Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Castle Group Mortgage Corp. (file number 805741071), a Domestic For-Profit Corporation, was filed in this office on October 10, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 11, 2024.



Jane Helson

Jane Nelson Secretary of State