

F24000006520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

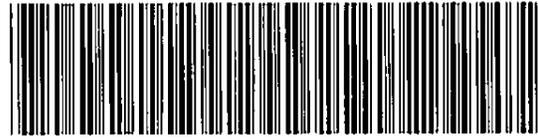
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 REC 26 AM 10:50

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 12/26/2024

Acc#120160000072

eric [signature]

Name:	Ice Mortgage Technology, Inc.
Document #:	
Order #:	16012061

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICE Mortgage Technology, Inc.
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:

Martin Hunter

Name of Person

ICE Mortgage Technology, Inc.

Firm/Company

5660 New Northside Dr., 3rd Floor

Address

Atlanta, GA 30328

City/State and Zip code

tax-indirect@ice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Hunter at (678) 589-1777
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

1. ICE Mortgage Technology, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 94-3288780
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/2009 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2020
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4420 Rosewood Drive, Suite 500 Pleasanton, CA 94588
 (Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

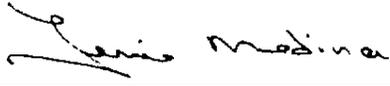
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 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.

C T Corporation System
 By: 
 (Registered agent's signature) By: Terrie Medina, Asst. Secy.

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]:

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 24 DEC 25 AM 10:50

A: DIRECTORS

Chairman Name: Timothy Bowler
 Vice Chairman Address: 1345 6th Avenue
 Director New York, NY 10105
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Boris Kogan
 Vice Chairman Address: 4420 Rosewood Dr
 Director Suite 500
 President Pleasanton, CA 94588
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

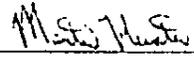
Chairman Name: Benjamin Jackson
 Vice Chairman Address: 5660 New Northside Dr.
 Director 3rd Floor
 President Atlanta, GA 30328
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Warren Gardiner
 Vice Chairman Address: 5660 New Northside Dr.
 Director 3rd Floor
 President Atlanta, GA 30328
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Martin Hunter
 Vice Chairman Address: 5660 New Northside Dr.
 Director 3rd Floor
 President Atlanta, GA 30328
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Kana Yamamoto
 Vice Chairman Address: 5660 New Northside Dr.
 Director 3rd Floor
 President Atlanta, GA 30328
 Vice President _____
 Secretary Treasurer
 Other _____ Other Asst. Treasurer

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. Martin Hunter, Treasurer
 (Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICE MORTGAGE TECHNOLOGY, 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 THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

4716848 8300

SR# 20244371167

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205016233

Date: 12-03-24