

MD4 000005370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

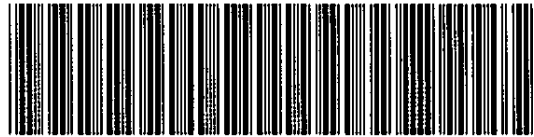
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 30 2009

EXAMINER



700156055157

11/25/09--01044--002 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 25 AM 11:59

**KIRKSTON MORTGAGE LENDING, LLC**  
**501 Cross Pointe Blvd.**  
**Evansville, IN 47715**  
**812-490-1600**

November 18, 2009

State of Florida  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Kirkston Mortgage Lending, LLC

Dear Sir:

Attached hereto is the Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transaction Business in Florida for Kirkston Mortgage Lending, LLC for your review and filing along with a check in the amount of \$25.00 for filing fee.

Upon filing, please either email or fax the evidence back to my attention.

If you have any questions, please do not hesitate to contact me 812-490-1600.

Regards,

Bill Johnston  
[Bill\\_lifemortgage@yahoo.com](mailto:Bill_lifemortgage@yahoo.com)  
812-402-1700 fax

/encl.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kirkston Mortgage Lending, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Johnston  
Name of Person

Kirkston Mortgage Lending, LLC  
Firm/Company

501 Cross Pointe Boulevard  
Address

Evansville, IN 47715  
City/State and Zip Code

bill\_lifemortgage@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Johnston at ( 812 ) 490-1600  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Life Mortgage Group, LLC
2. Jurisdiction of its organization: Indiana
3. Date authorized to do business in Florida: 11/29/2004

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Kirkston Mortgage Lending, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

William F. Johnston

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 25 AM 11:59

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**KIRKSTON MORTGAGE LENDING, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 10, 1998, and was in existence or authorized to transact business in the State of Indiana on November 23, 2009.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

In Witness Whereof, I have hereunto set my hand  
and affixed the seal of the State of Indiana, at the  
city of Indianapolis, this Twenty-Third Day of November,  
2009.

A handwritten signature in black ink, appearing to read "TODD ROKITA", is written over a circular embossed seal of the State of Indiana.

TODD ROKITA, Secretary of State

1998120841 / 2009112353697