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SECRETARY OF STATE
TALLAHASSEF FI ORIDA

6/

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Access Capital Mortgage, LLC					
(Name of Limited Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
David Holder					
(Name of Person)					
Access Capital Mortgage, LLC					
(Firm/Company)					
4905 Del Ray Avenue, Suite 401 デッ G					
(Address) 完善 五					
Bethesda, MD 20814					
(City/State and Zip Code) For further information concerning this matter, please call:					
David Holder at (240) 482-2348					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Access Capital Mortgage, LLC (Name of Fo	oreign Limited Liability Company)
	44000004
Maryland (Jurisdiction under the law of which foreign li company is organized)	3. 113685264 (FEI number, if applicable)
4/15/03	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
N/A	-t.a @
(Date first transacte	d business in Florida, if prior to registration.) 1 & 608.502 F.S. to determine penalty liability)
4905 Del Ray Avenue, Suite 401	THE PART OF THE PA
Bethesda, MD 20814	SEE
	(Street Address of Principal Office)
If limited liability company is a mana	ager-managed company, check here
	.g.,
	· ·
The name and usual business address	ses of the managing members or managers are as follows:
The name and usual business address David Holder - 4905 Del Ray Avenue, S	
	Suite 401, Bethesda, MD 20814
David Holder - 4905 Del Ray Avenue, S	Suite 401, Bethesda, MD 20814
David Holder - 4905 Del Ray Avenue, S	Suite 401, Bethesda, MD 20814
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, r	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 Tess of the 2010 of the control of
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, rejurisdiction under the law of which it is organiz	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 The second with a continuous continuo
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, a jurisdiction under the law of which it is organized instation of the certificate under oath of the translation.	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 Tenan With A the continue of the
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, a jurisdiction under the law of which it is organized instation of the certificate under oath of the translation.	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 The second with a continuous continuo
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, a jurisdiction under the law of which it is organized instation of the certificate under oath of the translation.	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 Tenan With A the continue of the
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, a jurisdiction under the law of which it is organized instation of the certificate under oath of the translation.	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 no more than 90 days old, duly authenticated by the official having custody of received. (A photocopy is not acceptable. If the certificate is in a foreign language, a lator must be submitted.)
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, a purisdiction under the law of which it is organizenslation of the certificate under oath of the translation. Nature of business or purposes to be	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 Tenan Wite 2 and the official having custody of record (A photocopy is not acceptable. If the certificate is in a foreign language, a lator must be submitted.) e conducted or promoted in Florida: mortgage brokerage
David Holder - 4905 Del Ray Avenue, S Mike Niccolini - 4905 Del Ray Avenue, S Attached is an original certificate of existence, re- ignisdiction under the law of which it is organizents and of the certificate under oath of the translation. Nature of business or purposes to be Signature of a mer (In accordance with sec	Suite 401, Bethesda, MD 20814 Suite 401, Bethesda, MD 20814 no more than 90 days old, duly authenticated by the official having custody of reced. (A photocopy is not acceptable. If the certificate is in a foreign language, a lator must be submitted.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability Com	pany is:		
	ACCESS CAPITAL MORT	GAGE, LLC	·····	<u></u>
2. The name a	nd the Florida street address	of the registered agent and	d office are:	
	HIQ CORPORATE SERVI	CES, INC.		
		(Name)		
	526 EAST PARK AVENUE			OS F
	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTA	BLE)	野葵 5
	TALLAHASSEE	FL 32301		而 是 D
		City/State/Zip		3: 46 STATE FLORID
liability compar agent and agree relating to the p	med as registered agent and my at the place designated in the to act in this capacity. I further proper and complete performing position as registered agents SERVICES, INC. (Signature)	this certificate, I hereby acc ther agree to comply with th ance of my duties, and I am	cept the appointme he provisions of al familiar with and	nt as registered l statutes accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



State Department of Assessments and Taxation Certificate of Status System

Order Confirmation

Your order has been confirmed and your credit card has been charged. Please print this page for your records.

Your Progress:

Department ID:

W07320062

Department ID

Name:

ACCESS CAPITAL MORTGAGE, LLC

Certificate Type

Document Number:

Customer Number:

certificate of status sytem.

3292507

Items Ordered

1579715

Ordering

1022753

Information

Work Order:

Payment

Order Confirmation If a new window did not appear with your Internet Certificate, please verify your Acrobat Reader installation and click here to view your Internet Certificate.

If you have the Adobe Acrobat Reader properly installed and are Faring Troblems, or if you have billing problems, call (410) 767-4288 during normal topsiness hours.

Thank you for using the State Department of Assessment and Taxation's Internet

Links:

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<u>Test</u>

Click here to get a certificate of status for another entity.

Start Over

Verify Certificate

Find a

Department ID #

SDATHome

NOTE: To confirm the validity of two Certificate of Good Standing, please go to:

> https://sdatcert1.reivsa.org/certificate/ findcert, asp

from the lower right corner of the certificate.

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCESS CAPITAL MORTGAGE, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 09, 2005.

Paul B. Anderson Charter Division FILED 3: 46
05 MAR 15 PM 3: 46
SECRETARSEE FLORID



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097