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(Re	equestor's Name)	
(Ad	idress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
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EXAMINER

COVER LETTER.

TO: Ré

Régistration Section Division of Corporations

SUBJECT: Franklin Mortgage Solutions, 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:

Edward Standifer Name of Person Franklin Mortgage Solutions, LLC Firm/Company 833 W. Central Ave. Address Springboro, OH 45066 City/State and Zip Code

franklinmortgage@franklinmtgsolutions.com

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

For further information concerning this matter, please call:

Edward Standifer

937

743-1100

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i. Franklin Mortgage Solutions, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate liability Company, ""L.L.C," or "LLC.")	te name must include "Limited
_{2.} Ohio _{3.} 36-4519992	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if ap	plicable)
4. (Date first transacted business in Florida, if prior to registration.)	,
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 833 W. Central Ave.	25
Springboro, OH 45066	1.0 mm
(Street Address of Principal Office) 6. 833 W. Central Ave.	
Springboro, OH 45066	09
(Mailing Address)	.
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Edward Standifer Member 833 W. Central Ave. Spor	rinaboro OH 45066
Richard Murphy member 833 W. Central Aug. So	cinaboro 174504
	75-5
8. Attached is an original certificate of existence, no more than 90 days old, duly auth having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate un must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of person aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	A photocopy is not der oath of the translator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Franklin	Mortgage Solutions, LLC	
If unavailable	e, the alternate to be used in the state of Florida is:	
2. The name	and the Florida street address of the registered agent and	office are:
	P. AAR-II.	
	Jim Wallace	
	Jim VVallace (Name)	
	(Name)	<u> </u>
	(Name) 5647 Dianthus St.	ु हुने प

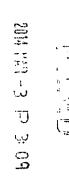
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRANKLIN MORTGAGE SOLUTIONS, LLC, an Ohio Limited Liability Company, Registration Number 1369799, was organized within the State of Ohio on March 1, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of February, A.D. 2014.



Ohio Secretary of State

Validation Number: 201404300644



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2014

EDWARD STANDIFER 833 W. CENTRAL AVENUE SPRINGBORO, OH 45066

SUBJECT: FRANKLIN MORTGAGE SOLUTIONS, LLC

Ref. Number: W14000010491

We have received your document for FRANKLIN MORTGAGE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00003614

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