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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING  
Account Number : I20150000056  
Phone : (469)688-7441  
Fax Number : (214)242-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
New Castle Mortgage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**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:*

1. NEW CASTLE MORTGAGE, 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TENNESSEE 3. 20-8858708  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. No business transacted  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2323 21st AVE SOUTH, SUITE 200  
NASHVILLE, TN 37212  
(Street Address of Principal Office)

6. 2323 21st AVE SOUTH, SUITE 200  
NASHVILLE, TN 37212  
(Mailing Address)

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

Name: REGISTERED AGENT SOLUTIONS, INC.  
Office Address: 155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**

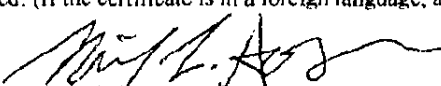
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MICHAEL L. HOLTON, PRESIDENT

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator 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 perjury that the facts stated herein are true. I am aware that any 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.)

MICHAEL L. HOLTON  
Typed or printed name of signer

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**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**MICHAEL HOLTON**  
SUITE 200  
2323 21ST AVE SOUTH  
NASHVILLE, TN 37212

April 8, 2015

**Request Type: Certificate of Existence/Authorization**  
Request #: 0158708

Issuance Date: 04/08/2015  
Copies Requested: 1

**Document Receipt**

Receipt #: 001991344 Filing Fee: \$22.25  
Payment-Credit Card - State Payment Center - CC #: 161744919 \$22.25

**Regarding: NEW CASTLE MORTGAGE, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 04/12/2007  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control #: 546195  
Date Formed: 04/12/2007  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**NEW CASTLE MORTGAGE, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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