

M15000005347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

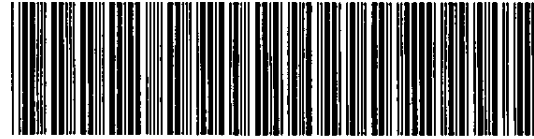
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

cert WR-6736 (name)

Office Use Only



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18 MAR -5 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2018

TIFFANY DELISI
1045 ELM STREET, SUITE 601
MANCHESTER, NH 03101

SUBJECT: MERRIMACK MORTGAGE COMPANY, LLC
Ref. Number: M15000005347

We have received your document for MERRIMACK MORTGAGE COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WE NEED EITHER A CERTIFIED COPY OF THE AMENDMENT FILED IN THE HOME STATE OR A CERTIFICATE THAT HAS BOTH THE OLD AND NEW NAMES ON IT. THE CERTIFICATE SENT ONLY HAS NEW NAME

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 818A00003273



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2018

TIFFANY DELISI
1045 ELM STREET, SUITE 601
MANCHESTER, NH 03101

SUBJECT: MERRIMACK MORTGAGE COMPANY, LLC
Ref. Number: M15000005347

We have received your document for MERRIMACK MORTGAGE COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 918A00001402

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merrimack Mortgage Company, 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:

Tiffany DeLisi

Name of Person

Merrimack Mortgage Company, LLC

Firm/Company

1045 Elm St Suite 601

Address

Manchester, NH 03101

City/State and Zip Code

compliance@merrimackmortgage.com

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

For further information concerning this matter, please call:

Sarah Lobdell

Name of Person

at (603) 625-1498

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 CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Merrimack Mortgage Company, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005347

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: 7/8/15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: HarborOne Mortgage, LLC
(must contain "Limited Liability Company," "L.L.C.," or "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

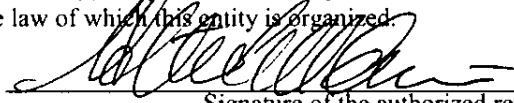
FILED
18 MAR -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Peter Makowiecki

Typed or printed name of signee

Filing Fee: \$25.00

FILED
18 MAR -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 29, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

HARBORONE MORTGAGE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 30, 2015.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JOSEPH CASEY, PETER MAKOWIECKI, TIMOTHY BOYLE, JAMES W. BLAKE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JOSEPH CASEY, PETER MAKOWIECKI, TIMOTHY BOYLE, JAMES W. BLAKE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ANDREW PFEIFER, PETER MAKOWIECKI, JAMES W. BLAKE, JOSEPH CASEY, TIMOTHY BOYLE, LAURA BEAVIS**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



William Francis Galvin

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Identification Number: 001179730

The date of filing of the original certificate of organization: 6/30/2015

1.a. Exact name of the limited liability company: MERRIMACK MORTGAGE COMPANY, LLC

1.b. The exact name of the limited liability company as amended, is: HARBORONE MORTGAGE, LLC

2a. Location of its principal office:

No. and Street: 1045 ELM STREET SUITE 601
City or Town: MANCHESTER State: NH Zip: 03101 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
MORTGAGE LENDING

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: C T CORPORATION SYSTEM
No. and Street: 155 FEDERAL ST., SUITE 700
City or Town: BOSTON State: MA Zip: 02110 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JOSEPH CASEY	770 OAK ST. BROCKTON, MA 02301 USA
MANAGER	PETER MAKOWIECKI	770 OAK ST. BROCKTON, MA 02301 USA
MANAGER	TIMOTHY BOYLE	1045 ELM ST. MANCHESTER, NH 03101 USA
MANAGER	JAMES W. BLAKE	770 OAK ST. BROCKTON, MA 02301 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
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8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ANDREW PFEIFER	1045 ELM ST. MANCHESTER, NH 03101 USA
REAL PROPERTY	PETER MAKOWIECKI	770 OAK ST. BROCKTON, MA 02301 USA
REAL PROPERTY	JAMES W. BLAKE	770 OAK ST. BROCKTON, MA 02301 USA
REAL PROPERTY	JOSEPH CASEY	770 OAK ST. BROCKTON, MA 02301 USA
REAL PROPERTY	TIMOTHY BOYLE	1045 ELM ST. MANCHESTER, NH 03101 USA
REAL PROPERTY	LAURA BEAVIS	1045 ELM ST. MANCHESTER, NH 03101 USA

9. Additional matters:

10. State the amendments to the certificate:

CHANGING NAME FROM MERRIMACK MORTGAGE COMPANY, LLC TO HARBORONE MORTGAGE, LLC

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

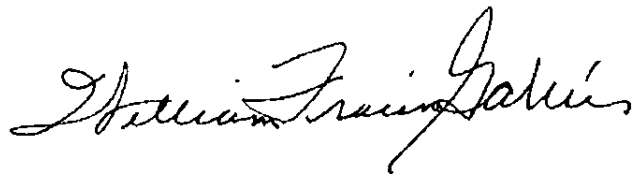
4/1/2018

SIGNED UNDER THE PENALTIES OF PERJURY, this 16 Day of January, 2018,
PETER MAKOWIECKI , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

January 16, 2018 02:36 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth