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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES I

Account Number: 120 Phone: (70

120120000007 : (702)866-2500 : (702)866-2689

Fax Number : (702)866-268

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

EMBII Address: Managedreports Oincorp. Com

Foreign Limited Liability Company First Mortgage Solutions, LLC

 Certificate of Status
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 Page Count
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 Estimated Charge
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PLORIDA

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K.S.ALY EXAMINER DEC 17 2015

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COVER LETTER

	stration Section ion of Corporation	าร						
SUBJECT:	First Mortgage Solutions, LLC							
JOHN LINE	· 	Name of Limited Liability Company						
The enclosed 'Existence, and	'Application by For check are submitte	eign Limited Liability Comp d to register the above refere	eany for Authorization to I	Fransact Business in Florida," Certificate o lity company to transact business in Florid				
Please return a	ll correspondence o	concerning this matter to the	following:					
	Geri Garcla							
•	Name of Person							
	InCorp Services, Inc.							
•	Firm/Company							
2360 Corporate Circle, Suite 400								
	Address							
	Henderson, NV 89074							
	City/State and Zip Code							
	managedreports@incorp.com							
E-mail address: (to be used for future annual report notification)								
For further info	ormation concerning	g this matter, please call:						
Geri	Garcia on behalf	of InCorp Services, Inc.	_at (702866-	-2500				
	Name o	f Contact Person		aytime Telephone Number				
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314		Divisio Registr Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301				
	heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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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 BU	SINESS IN THE STATE OF FLORIDA:							
1. First Mortgage So (Name of Force	lutions, LLC ign Limited Liability Company; must inc	lude "Limited Link	bility Company," "L.L.C.," or	"LLC.")				
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of a "LLC.")	transacting busines	s in Florida. The alternate nan	ne must include "Limited				
2. Missouri		<u>20-880250</u>)2					
(Jurisdiction under the law of company is organized)	of which foreign limited liability	·	(FEI number, if applicable)					
4. Upon Registration	n '			3				
	(Date first transacted business in (See sections 605,0904 & 605,0905)	Florida, if prior to F.S. to determine	registration.) penalty liability)					
5. 9237 Ward Parkw		· · · · · · · · · · · · · · · · · · ·		Leg B				
Kansas City, MO	64114			MISORC 16 MAII! 18.				
	(Street Address of Princ	ipal Office)		100 mg				
6. <u>9237 Ward Parkw</u>	ay, Suite 208	 ,						
Kansas City, MO 64114								
	(Mailing Addr	ess)						
7. Name and street address	s of Florida registered agent: (P.O. E	Box NOT accept	able)	**				
Name:	InCorp Services, Inc.		-					
Office Address:	17888 67th Court North		_					
	Loxahatchee		Florida 33470 (Zip code)	_				
.	(City)		(Zip code)					
designated in this applicate to complywith the provision	unce: gistered agent and to accept service ion, I hereby accept the appointmen ons of all statutes relative to the prop my position as registered agent.	it as registered a	gent and agree to act in th	is capacity. I further agree				
	Gualdine Ban	Gera	ldine Garcia on behalf of	InCorp Services, Inc.				
	Swalding San	agent's signature)		_				
8. The name, title or capa	city and address of the person(s) who	has/have author	ity to manage is/are:					
Ryan M. Wiebe, Mana	aging Member, 9237 Ward Pa	rkway, Suite 2	08, Kansas City, MO 6	<u>34114</u>				
9. Attached is a certificate jurisdiction under the law of the translator must be su	12/1/	icate is in a foreig	gn language, a translation o	custody of records in the f the certificate under oath				
	Signature of an	n authorized person	n					
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes a	(1) (b), Florida S third degree feld	Statutes. I am aware that an ony as provided for in s.817	y false information .155, F.S.				
		n M. Wiebe	-					

Typed or printed name of signee

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STATE OF MISSOUR



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

First Mortgage Solutions, LLC LC0807632

was created under the laws of this State on the 9th day of April, 2007, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of December, 2015.

Secretary of State

Certification Number: CERT-12032015-0058

