## MICACACATAS

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SECRETARY OF STATE

JAM 28 2016

## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Hometown Financial G	roup, LLC				
SUBJEC		Name of	Limited Liability (	Company	<del> </del>	
The enclo Existence	osed "Application by Foreign e, and check are submitted to	n Limited Liability Comp o register the above refere	oany for Authoriza enced foreign limit	tion to Transact Bus ted liability company	iness in Florida," C	ertificate o
Please re	turn all correspondence cond	cerning this matter to the	following:			
	Luisito "Louie" Flo	ores				
		N	ame of Person	,		
	Hometown Financ	ial Group, LLC/dba: K L	oans			
		F	irm/Company			
	140 South Arthur	Street, Suite 600,				
	·		Address			
	Spokane, WA 992	02				
		City/S	tate and Zip Code		2016 SEC TALL	
	LFlores@KLoans.co				LAHA!	TI
Før furth	E information concerning the	-mail address: (to be used as matter, please call:	d for future annual	report notification)	27 SSEE	FEED
	Luisito "Louie" Flores		509 at (	474-0843	PE T	O
	Name of C	ontact Person	Area Code	Daytime Tele	phone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations n nter Circle	
	•	amount: 1\$130,00 Filing Fee &	□ \$155.00 Filin	•	.00 Filing Fee, Cer	

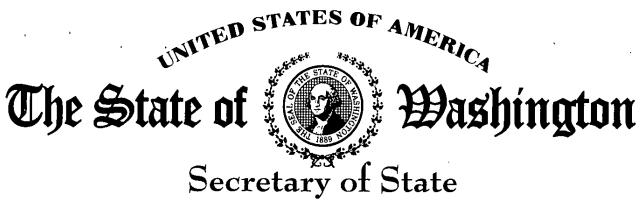
## ĀPPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

(Name of Por	Group, LLC reign Limited Liability Company; must	include "Limited Liab	ility Company," "L.L.	.C.," or "LLC.")	
	alternate name adopted for the purpose	of transacting business	in Florida. The alterr	nate name must inclu	de "Limited
Liability Company," "L.L.C.		46 1060001			
Washington State, Secr	v of which foreign limited liability	3. 46-1869981	(FEI number, if app	licable)	<del></del>
company is organized)	or which to organization and and		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
February 1st, 2016					
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to i 905, F.S. to determine	registration.) penalty liability)		
5. 140 South Arthur St.	Suite 600				
<u></u>				<del></del>	
Spokane, WA 99202	(Street Address of Pr	rincinal Office)		<del></del>	
6. 140 South Arthur St. S		moipar Office)			
5. <u>- 1 10 00 a.u. 1 1 a.u. 0 t. 0</u>			<del></del>	<b>—</b>	
Spokane, WA 99202			<u></u>	2018 SEC	
	(Mailing A	ddress)		AHA JAN	T
7. Name and street addre	ess of Florida registered agent: (P.C	O. Box NOT accepts	ble)		- Contraction
Nimma	Stefanie Farrel	_		27 28 28 27 27	
Name:			•	ס ויב	
Office Address:	9244 W Harbor Isle Ct.			95 ±	O
	Crystal River, FL		, Florida <u>34429</u>		
	(City)		(Zip co	ode)	
lesignated in this applica	registered agent and to accept servi ation, I hereby accept the appointn sions of all statutes relative to the p	ment as registered ag	ent and agree to a	ct in this capacity.	I further ag
	my position as registered agent.	are fairel			
	my position as registered agent.	red agent's signature)			
accept the obligations of  8. The name, title or cap	(Registered address of the person(s)	who has/have authori	ty to manage is/are:	<del></del> :	
accept the obligations of  8. The name, title or cap	my position as registered agent. (Registe	who has/have authori	ty to manage is/are:	:	
8. The name, title or cap	(Registered address of the person(s)	who has/have authori (parent company)		;	
8. The name, title or cap Joseph T. Kelly- Presider Stefanie Farrel-Vice Pres	(Registered agent.)	who has/have authori (parent company)		·	
8. The name, title or cap Joseph T. Kelly- Presider Stefanie Farrel-Vice Pres Luisito "Louie" Flores-M  9. Attached is a certificate	my position as registered agent.  (Register pacity and address of the person(s) ont of Kelly Right International, Incusident of Kelly Right International, Manager  e of existence, no more than 90 day of which it is organized. (If the certain section of the sect	who has/have authori (parent company) Inc (parent company ys old, duly authentica	ated by the official l	having custody of r	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lusito "Louie" Flores



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

HOMETOWN FINANCIAL GROUP, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 1/11/2013.

I FURTHER CERTIFY that as of the date of this certificate, HOMETOWN FINANCIAL GROUP, LLC remains active and has complied with the filing requirements of this office.

Date: January 14, 2016

UBI: 603-267-090

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State