m1600001915

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



000282913420

16 MAR - 4 PM 12: 4

ZIII NAR -U A 9:38

MAR 0 7 2016

S MASON

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 044368 804315

AUTHORIZATION : Spelle Blend

COST LIMIT : (\$' 1\s55.00

ORDER DATE: March 4, 2016

ORDER TIME: 10:24 AM

ORDER NO. : 044368-010

CUSTOMER NO: 8043158

FOREIGN FILINGS

NAME: PROMONTORY MORTGAGE EXCHANGE

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

то:		ation Section of Corporation	s								
SUBJE		OMONTORY M	ORTGAGE EXCHANGE I	rrc							
Name of Limited Liability Company											
						nsact Business in Florida," Certificate of company to transact business in Florida					
Please	return all o	correspondence o	oncerning this matter to the	following:							
		Joyce Payne Ye	tte								
	Name of Person										
	Promontory Financial Group, LLC										
	Firm/Company										
	801 17th Street, N.W., Suite 1100										
				Address							
	Washington, DC 20006										
	City/State and Zip Code										
	j	yette@promonto	ry.com								
	_		E-mail address: (to be used	for future annual re	eport not	ification)					
For fur	ther inforn	nation concerning	this matter, please call:								
	Joyce Payne Yette			202 at ()	384-10	017					
		Name o	f Contact Person	Area Code	Day	time Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			I F C 2	of Corporations ion Section uilding ccutive Center Circle sec, FL 32301							
Enclosed is a check for the following amount: \$\Begin{array}\$ \$125.00 Filing Fee & \$\Begin{array}\$ \$130.00 Filing Fee & \$\Begin{array}\$ Certificate of Status \$\Begin{array}\$ \$\Begin{array}\$ \$\Begin{array}\$ \$130.00 Filing Fee & \$\Begin{array}\$ \$ar			■ \$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 COMPIJANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Promontory Mortgage (Name of Fore		Company; must include	"Limited Liabi	ity Company," "L.L.C.,	or "LLC.")		<u></u>		
(If name unavailable, enter al Liability Company," "L.L.C,		for the purpose of trans:	acting business	n Florida. The alternate	name must inc	lude "Li	_ mited		
Dalawara	or LLC. ,	3,							
2. (Jurisdiction under the law company is organized)	(FEI number, if applica	(ile)		₩V					
4. March 1, 2016									
	(See sections 605	isacted business in Flor 5.0904 & 605.0905, F.S	ida, if prior to r S, to determine p	egistration.) enalty liability)	vv. A pamazo				
5801 17th Street, N.W.	, Suite 1100				***************************************				
Washington, D.C. 20		er san							
001 17th Ch NIW	(Street Address of Principal Office)								
6. 801 17th Street, N.W	., Suite 1100				<u> </u>	ì			
Washington, D.C. 200	006	(Mailing Address)			—— 19 19 19	۲ ک	m		
		(Mannig Address)			<u> </u>		Q		
7. Name and street addres	s of Florida registere	ed agent: (P.O. Box	NOT acceptal	ole)	22	<u>ب</u> س			
Name:	Corporation Service	ce Company			>> 	8			
Office Address:	1201 Hays Street								
	Tallahassee			Florida 32301 (Zip code)					
	Select states succeeds to the selection of the selection	(City)		(Zip code)	erotethrustentin. *				
Having been named as red designated in this applicate to comply with the provision accept the obligations of red.	tion, I hereby accept ons of all statutes rei	t the appointment as lative to the proper a	registered age nd complete p	nt and agree to act in	this capacity ties, and I and ender	y. I furt	ther agree		
8. The name, title or capa	city and address of t	he person(s) who has	have authorit	v to manage is/are:					
Eugene A. Ludwig, Mana									
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organiz		is in a foreign	language, a translation					
This document is executed submitted in a document to		section 605.0203 (1)	(b), Florida St	atutes. I am aware that			ı		
	Eugene A. Ludwig								
		Typed or printed nar	me of signee	and the second of the second s	understade &				

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMONTORY MORTGAGE EXCHANGE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROMONTORY MORTGAGE EXCHANGE LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5892780 8300

SR# 20161489212

Authentication: 201930971

Date: 03-04-16

You may verify this certificate online at corp.delaware.gov/authver.shtml