MICOODS 187

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

Office Use Only



000287928280

07/19/16--01022--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLUXION

JUL 1 9 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ect: Southstar t	10 / tg ? Name of I	JOO, ULC Limited Liability C	ompany		-	
	closed "Application by Foreign Limited I ce, and check are submitted to register the						
Please	return all correspondence concerning this	matter to the f	following:				
	M	larcele Na	E.T	<u>aloc</u>	DY 83	_	
	<u>South</u>	Star	Mortge m/Company	13e,	,llc	-	
		. Fair	Address S	84N	too	.	FS
	Alex		a VA	12	2314	16 111	EUNE TA
	mtab E-mail addre	O(30E)	South St	Part not	ification)	JUL 19 PM 12:	SEE, TLO
For furt	her information concerning this matter, p	olease call:				# # ************* *********************	
	Marce la Tabo Name of Contact Pers	v 20	at (703 Area Code		P-S505 time Telephone Number	-	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclose	ed is a check for the following amount: \$\Boxed{\Boxesia} \\$125.00 \text{ Filing Fee} \Boxed{\Boxesia} \\$130.00 \text{ F} Certificate of		□ \$155.00 Filing Certified Copy	g Fee &	\$160.00 Filing Fee, Cof Status & Certified Co		

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: (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.") (Jurisdiction under the law of which foreign limited liab company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of distatutes 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: 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)

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.

Typed or printed name of signed

Signature of an authorized person

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That SouthStar Mortgage, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 23, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date: July 18, 2016

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1607185603