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| (Business Entity Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJE | WELCOME HOME MORTGAGE GROUP, LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | | |
| | SHARON COX, ESQ | | | | | |
| Name of Person | | | | | | |
| | SHARON ANN COX, PA | | | | | |
| | Firm/Company | | | | | |
| 8070 NW 96 TERRACE, #101 | | | | | | |
| Address | | | | | | |
| TAMARAC, FL 33321 | | | | | | |
| | City/State and Zip Code | | | | | |
| SHARONCOX@SACOXLAW.COM | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For furth | er information concerning this matter, please call: | | | | | |
| | SHARON COX 561 235-2113 at () | | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclosed | is a check for the following amount: \$\Boxed{\Pi}\$ \$125.00 Filing Fee \tag{Piling Fee & Certificate of Status}\$\$ \$\Boxed{\Piling Fee & Certified Copy}\$\$\$ \$\$160.00 Filing Fee, Certificate of Status & Certified Copy}\$\$\$ \$\$160.00 Filing Fee, Certificate of Status & 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 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:

| 1. WELCOME HOME M | ORTGAGE, LLC eign Limited Liability Company; must include "L | imited Liability Company ""LLC " or "LLC | | _ | |
|--|--|---|----------------|-------------|--|
| WELCOME HOME MO | | annied fadomy Company, Tables, or Lie |) | | |
| (If name unavailable, enter a Liability Company," "L.L.C, | ternate name adopted for the purpose of transaction "or "LLC.") | ing business in Florida. The alternate name mu | st include "Li | mited | |
| 2. CONNECTICUT | 3. | 51 - 045 8856 (FEI number, if applicable) | • | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4. NONE | | | | | |
| 1221 CH AC DEANE | (Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to HIGHWAY, SUITE A | a, if prior to registration.) o determine penalty liability) | | | |
| 5. 1331 SILAS DEANE | | | | | |
| WETHERSFIELD, CT | | | | | |
| 1221 CH AC DEANE I | (Street Address of Principal Off | fice) | | | |
| 6. 1331 SILAS DEANE I | HIGHWAY, SUITE A | | | | |
| WETHERSFIELD, CT | 06106 | | 7 | | |
| | (Mailing Address) | | | | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | | | | |
| Name: | SHARON ANN COX, P.A | | 3 | #48 | |
| Office Address: | 8070 NW 96 TERRACE, # 101 | | AM II: 07 | (%) A.S. | |
| | TAMARAC | Florida 33321 | 07 | | |
| | (City) | (Zip code) | | | |
| designated in this applica to complywith the provisi accept the obligations of t | gistered agent and to accept service of procition, I hereby accept the appointment as resons of all statutes retained to the proper and my position as registered agent. (Registered agent's accity and address of the person(s) who has/ha | gistered agent and agree to act in this cap i complete performance of my duties, and signature) | pacity. I furt | ther agree | |
| JAMES F. DONNELLY, | MANAGER | | | | |
| ROBERT E. HOFFMAN | | | | | |
| RODERT E, HOFFWIAN | MANAUER | | | | |
| | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) | | | | |

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.

PAULA L. MERCIER, MANAGER

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

WELCOME HOME MORTGAGE, LLC

a domestic limited liability company, were filed in this office on February 14, 2003.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: March 03, 2017

Business ID: 0740128 Express Certificate Number: 2017069688001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov