

M17000008961

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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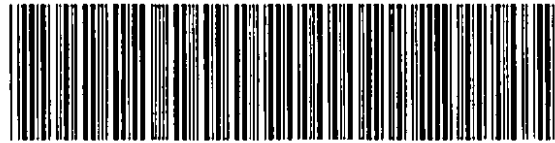
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE

O. SIMMONS
OCT 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MORTGAGE GIVER, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHARON COX, ESQ.

Name of Person

SHARON ANN COX, P.A.

Firm/Company

7154 N. UNIVERSITY DRIV E. STE 283

Address

TAMARAC, FL 33321

City/State and Zip Code

SHARONCOX@SACOXLAW.COM

E-mail address: (to be used for future annual report notification)

For further 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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$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 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. MORTGAGE GIVER, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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.")

2. MASSACHUSETTS

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FBI number, if applicable)

4. NONE

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1650 LONGMEADOW STREET

(Street Address of Principal Office)

LONGMEADOW, MA 01106

6. 1650 LONGMEADOW STREET

(Mailing Address)

LONGMEADOW, MA 01106

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SHARON ANN COX P.A.

Office Address: 7154 N. UNIVERSITY DRIVE, # 283

TAMARAC

(City)

, Florida 33321

(Zip code)

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 comply with the provisions of all statutes 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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

DANIEL M. EDWARDS

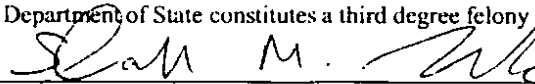
1650 LONGMEADOW STREET
LONGMEADOW, MA 01106

MANAGER

(Use attachments if necessary)

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)

10. 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.



Signature of an authorized person

DANIEL M. EDWARDS, MANAGER

Typed or printed name of signee

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17 OCT 18 AM 11:21
DIVISION OF



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 25, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

MORTGAGE GIVER, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **October 8, 2004**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DANIEL M EDWARDS**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DANIEL M EDWARDS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DANIEL M EDWARDS**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth