

3/8/2018

Division of Corporations

Florida Department of State
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Harrison Loan LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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K. SALY

MAR 15 2018

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Harrison Loun LLC
(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.")
2. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 7-3671141
(FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2510 14th Street
(Street Address of Principal Office)
Gulfport, MS 39501
6. 2510 14th Street
(Mailing Address)
Gulfport, MS 39501
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

By: [Signature]

(Registered agent's signature)

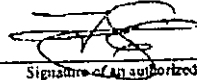
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	Todd Cople 2510 14th Street Gulfport, MS 39501	Vice President	John Keilholz 2510 14th Street Gulfport, MS 39501
Vice President	Mike Spriggs 2510 14th Street Gulfport, MS 39501	Vice President	Norman Toups 2510 14th Street Gulfport, MS 39501
Vice President	Jeanne Mayo 2510 14th Street Gulfport, MS 39501	Vice President	Clifton Nobles 2510 14th Street Gulfport, MS 39501
Secretary	Joy Lambert Phillips 2510 14th Street Gulfport, MS 39501	Sr. Assistant Secretary & Treasurer	Meghan Allen 2510 14th Street Gulfport, MS 39501
Assistant Secretary	Patricia K. Loupe 2510 14th Street Gulfport, MS 39501	Assistant Secretary	Teresa Z. Lygate 2510 14th Street Gulfport, MS 39501
Corporate Tax Officer	Elizabeth M. Lestelle 2510 14th Street Gulfport, MS 39501		

(Use attachments if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Todd Copie

Typed or printed name of signer

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TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

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18 MAR 8 AM 9:33
SECRETARY OF STATE
JACKSON, MISSISSIPPI

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

HARRISON LOAN LLC

Registered the 12th day of October, 2010

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND EAST DRIVE STE 101
FLOWOOD, MS 39232

And that the registered agent at that address is:

C. T. CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 8th day of March, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18049376

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>