118000002718

| (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: | | | | | | |
| | | | | | | |
| | | | | | | |
| Cort, name W18-16567 | | | | | | |

Office Use Only



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O SIMMONS MAR 2 0 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2018

SANDY MAMO PO BOX 1287 ANN ARBOR, MI 48106-1287

SUBJECT: PREMIER MORTGAGE, LLC

Ref. Number: W18000016567



We have received your document for PREMIER MORTGAGE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document number of the name conflict is M15000002408.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 518A00003475

Division of Community and D.O. DOV COOT Well-beared Florida 20214

COVER LETTER

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Registration Section

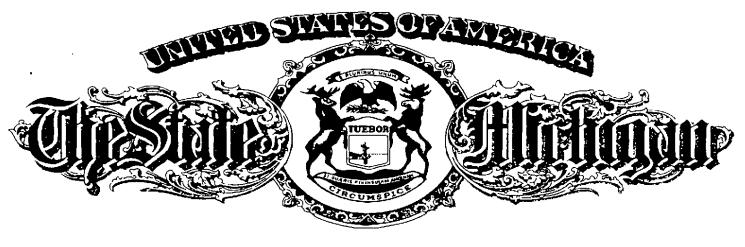
| SUBJECT: | Premier Mortgage, | LLC | | | | | | |
|-----------------------------|--|---|--|--|---|-------------------------------------|--|--|
| | Name of Limited Liability Company | | | | | | | |
| 'he enclose Existence, a | ed "Application by Found check are submitted | reign Limited Liability Comed to register the above refer | pany for Authoriza enced foreign limi | ition to Tr ted liabilit | ansact Business in Florida. y company to transact busi | " Certificate o iness in Florida | | |
| lease retur | n all correspondence o | concerning this matter to the | following: | | | | | |
| | Sandy Mamo | | | | | | | |
| | | Name of Person | | | | | | |
| | Mark K. Rabid | oux, PLC | | | | | | |
| | Firm/Company | | | | | | | |
| | P.O. Box 1287 | | | | | | | |
| Address | | | | | | | | |
| | Ann Arbor, MI 48106-1287 | | | | | | | |
| | | City/S | state and Zip Code | | | - | | |
| | smmamo@sbcgl | obal.net | | | | | | |
| | | E-mail address: (to be use | d for future annual | report no | tification) | _ | | |
| or further i | information concernin | g this matter, please call: | | | | | | |
| Sa | Sandy Mamo | | 248 at (| 225-39 | 08 | | | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | _ | | |
| Div Reg P.C | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding ecutive Center Circle see, FL 32301 | | | |
| | a check for the follow \$125.00 Filing Fee | ing amount: S130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ıg 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:

| 1. Premier Mortgage, LLO | ~ ~ | | | | | |
|-----------------------------------|---|---|--|--|--|--|
| | Limited Liability Company; must include "Li | | 2.") | | | |
| | gage of Michigan | | | | | |
| | ame adopted for the purpose of transacting business in | n Florida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC,") | | | |
| 2 Michigan | | 3. 82-3534124 | | | | |
| (Jurisdiction under the law of wh | hich foreign limited liability company is organized) | (FEI n | number, if applicable) | | | |
| 4. | | | | | | |
| | (Date first transacted business in Florida, if pro (See sections 605 0904 & 605 0905, F.S. to de | or to registration.) | | | | |
| 5. 28763 Northwestern H | | 6 28763 Northwestern Hwy | | | | |
| (Street Address of F | rincipal Office) | 6. Mailing | <u>· </u> | | | |
| Suite 2 2 D | | Suite 22.0 | | | | |
| Southfield, MI 48034 | | Southfield, MI 48034 | 209 F M | | | |
| | | | his _ 0 | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. I | Box: NOT acceptable) | 型》 差 | | | |
| | | <u></u> | AM II: 52 | | | |
| Name: | InCorp Services, Inc. | | ₽n 52 | | | |
| Office Address: | 17888 67th Court North | | · . | | | |
| | Laushard | | | | | |
| | Loxahatchee . Florida 334 | | code) | | | |
| Registered agent's accep | (City) | (Zip | code) | | | |
| | gistered agent and to accept service | of process for the above stated limi | ted lightlity company at the place | | | |
| designated in this applica | tion, I hereby accept the appointmen | nt as revistered avent and avree to i | ict in this canacity. I further garee | | | |
| to comply with the provisi | ons of all statutes relative to the pro | per and complete performance of n | ny duties, and I am familiar with | | | |
| and accept the obligation: | s of my position as registered agent. | | • | | | |
| | Reliance Harris | att - t - t | 1- + 1- Sil- Comes | | | |
| | Rebecch Hansan (Registered age | ent's signature) | act for belong Services | | | |
| D 799 | | | | | | |
| | acity and address of the person(s) who | | | | | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: | | | |
| Member | Raymen Yaldo | | | | | |
| | 28763 Northwestern Hwy Southfield, MI 48034 | | | | | |
| | 30utimetti, ivii 48034 3 f | -6_220 | | | | |
| Member | Jacob Aboo | | | | | |
| | 28763 Northwestern Hwy | | | | | |
| | Southfield, M1 48034 5 | F720 | | | | |
| (Use attachments if necess | sary) | | | | | |
| | • | | | | | |
| 9. Attached is a certificate | of existence, no more than 90 days o | ld, duly authenticated by the official | having custody of records in the | | | |
| jurisdiction under the law | of which it is organized. (If the certifi | icate is in a foreign language, a trans | lation of the certificate under oath | | | |
| of the translator must be su | ibmitted) | | | | | |
| 10. This document is execu | uted in accordance with section 605.0 | 1203 (1) (b) Florida Statutes I am av | vare that any falce information | | | |
| submitted in a document to | the Department of State constitutes a | third degree felony as provided for | in s.817.155. F.S. | | | |
| | | | | | | |
| | - A | ature of an authorized person | <u></u> | | | |
| | - / //nigne | aime or an amnorized person | | | | |
| | Raymen Yaldo | • | | | | |

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PREMIER MORTGAGE, LLC

was validly authorized on November 27, 2017, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18033660720

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of March, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau