



Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: brumph@highlandsmtg.com

Foreign Limited Liability Company
Highlands Mortgage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

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6/5/18 DS

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. Highlands Mortgage, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 105 Foulk Road (Street Address of Principal Office) Wilmington, DE 19803
6. 228 Dove Run (Mailing Address) Middletown, DE 19709

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

Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive Tallahassee, Florida 32301

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.

Karen E. Elliott, Assistant VP (Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Manager Louis J. Capano III and Manager Brian K. Rumph.

(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
BRIAN K RUMPH
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHLANDS MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHLANDS MORTGAGE, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SECRET



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20184936023

You may verify this certificate online at corp.delaware.gov/authver.shtml

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