# M1800005830

(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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## COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJE	Just 4 You Home	Loans LLC			
.,0101		Name of	Limited Liability Con	ipany	
				n to Transact Business in Florida," liability company to transact busin	
Please	return all correspondence	concerning this matter to the	following:		
	Robert Scott	Porter			
		N	lame of Person		
	Just 4 You H	ome Loans			
	<del>-</del>	F	irm/Company	,	
	110 E Main S	St #107			
	-		Address		
	Georgetown,	KY 40324			
		City/S	State and Zip Code		
	scott@just4yot	ihomeloans.com			
		E-mail address: (to be use	d for future annual rep	port notification)	
For fur	ther information concern	ing this matter, please call:			
	Scott Porter		859 (	699-9500	
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Re CI 26	rread Address: Avision of Corporations Egistration Section Ifton Building If Executive Center Circle Illahassee, FL 32301	
Enclose	ed is a check for the follo S125.00 Filing Fee  ALRAMA  Parent	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing F Certified Copy	of Status & Certified Cop VISION OF CO VALLAHASSE	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida. The alte	rmate name must include "Limited Lia	bility Company," *	'L. L. C'," or "E	I.C ")
Kentucky		3.	81-3985810			
(Jurisdiction under the law of which foreign limited liability company is organized)		·	(FEI man)	ber, if applicable)		
06/11/2018						
- · · · -	(Date first transacted business in Florida, if prior i (See sections 605 0904 & 605 0905, F.S. to detern	o registration ) nune penalty lic	ability)	<del></del>		
110 E Main St #107		6.	110 E Main St #107			
(Street Address of F Georgetown, KY 4032	•		(Stailing Add Georgetown, KY 40324	tessi		_
Georgetown, KT 4032		_	Jeorgetown, KT 40324	\$ <b>&gt;</b>	A	_
		-			ون ا	_
NT	or of Stational and and an annual state of the state of t	NOT -	1.1.3		. iz	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)	<u>.</u>	. =	1
Name:	Keith Hatton		·	***	·	•
Office Address:	4929 N Buffalo Dr				er T	
	Beverly Hills, FL		. Florida 34465			
			, Florida _ <del>34403</del>	<del></del> ··	ψ.	
laving been named as re esignated in this applica ocomply with the provisi	(City)	as register or and com	or the above stated limited red agent and agree to act	l liability con in this capac	city. I fur	ther a
esignated in this applica o comply with the provisi nd accept the obligation:	tance: rgistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the prope to of my position as registered agent.	as register or and com Signature)	or the above stated limited ed agent and agree to act uplete performance of my	l liability con in this capac	city. I fur	ther ag
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation:	tance: rgistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the propess of my position as registered agent.  Registered agent	as register or and com signature) nas/have at	or the above stated limited ed agent and agree to act uplete performance of my	l liability con in this capac	city. I fur am famil	ther ag liar wit
laving been named as re esignated in this applica o comply with the provisi and accept the obligation:  The name, title or capa	tance:  rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  Registered agent acity and address of the person(s) who have and Address:  Keith Hatton	as register or and com signature) nas/have at	or the above stated limited sed agent and agree to act aplete performance of my athority to manage is/are:	l liability con in this capad duties, and I	city. I fur am famil	ther ag liar wit
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laving been named as reesignated in this applicate of comply with the provisional accept the obligation.  The name, title or capa Title or Capacity:  Branch Manager	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent (Registered agent acity and address of the person(s) who hame and Address:  Keith Hatton 4929 N Buffalo Dr Beverly Hills F1 34465	as register or and com signature) nas/have at	or the above stated limited sed agent and agree to act aplete performance of my athority to manage is/are:	l liability con in this capad duties, and I	city. I fur am famil	ther ag liar wit
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laving been named as reesignated in this applicate or comply with the provisional accept the obligation.  The name, title or capa Title or Capacity:  Branch Manager  Use attachments if necess.	tance: gistered agent and to accept service of tion, I hereby accept the appointment to ions of all statutes relative to the prope to fine my position as registered agent.  Registered agent	us register and com  vsignature)  nas/have at  Titl	or the above stated limited agent and agree to act aplete performance of my athority to manage is/are: le or Capacity:	Name and	d Address	ther a liar wi

Typed or printed name of signee

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### Certificate of Existence

Authentication number. 203536

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### Just 4 You Home Loans L.L.C.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 28, 2016 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11<sup>th</sup> day of June, 2018, in the 227<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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