Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000210552 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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

Email Address:

3

Foreign Limited Liability Company SIMPLIST MORTGAGE LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu Corporate Filing Menu

Help

1 1

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

IN COMPILANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")
finame unavailable, enter a ability Company," "L.L.C.	hemate name adopted for the purpose of transa	acting business in Florida. The alternate nar	ne must include "Limited
DELAWARE	, 8	3-1006925	
	of which foreign lunited hability	(FEI number, if applicable	
UPON FILING			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.)	_
500 7th Avenue, 8th F	loor, Office # 12B107, New York, NY 10		.
	(Struct Address of Principal C)flice)	- ,
500 7th Avenue, 8th Fl	oor, Office # 12B107, New York, NY 100		
			-
	(Mailing Address)		-
	_		
	s of Florida registered agent: (P.O. Box.) BLUMBERGEXCELSIOR CORPORA	·	•
Office Address:	155 Office Plaza Drive, 1st Fl.		1.
	TALLAHASSEE	, Florida 32301	
	(City)	(Zip code)	•
signated in this application complywith the provision	gistered agent and to accept service of pro- tion, I hereby accept the appointment as to ons of all statutes relative to the proper at my position as registered agent. (legistice agenc	egistered agent and agree to act in thi	s capacity. I further agre
The name, title or capa	city and address of the person(s) who has/	have authority to manage is/are:	
mplist Technologies Inc	, Member 500 7th Avenue, 8th Flo	oor, Office # 12B107, New York, NY 1	0018
			
Attached is a certificate isdiction under the law the translator must be su	of existence, no more than 90 days old, du of which it is organized. (If the centificate bunitted) Signature of an auth	s in a foreign language, a translation of	rustody of records in the the certificate under oath
is document is executed	in accordance with section 605.0203 (1) (b	o), Florida Statutes. I am aware that any	false information
mitted in a document to	the Department of State constitutes a third	degree felony as provided for in s.817,	155, F.S.
	Simplist Technologies Inc. Anthony Sher	man CEO Manubas	

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIMPLIST 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 TWENTIETH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIMPLIST MORTGAGE LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2018.

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

 \Box

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

6938085 8300

SR# 20185760407

Authentication: 203099104

Date: 07-20-18