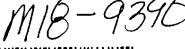
Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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

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Foreign Limited Liability Company RCL Mortgage Consulting, LLC

Certificate of Status	0
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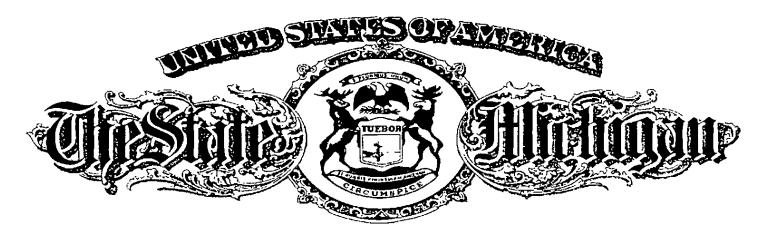
Corporate Filing Menu

Help

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

DCI Mortango Co	opeulting IIIC				
1. RCL Mortgage Co	Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "LLC.")			
	• • •				
(If name unavailable, enter alternate m	nine adopted for the purpose of transacting business in I	lorida. The alternate name must include "I imited Lishi	hty Company," "L.L.C," or "LLC")		
₂ Michigan		₃ 83-1685984			
(Jurisdiction under the law of wh	ach foreign limited liability company is organized)	(FEI number	r, it applicable)		
4	(Date first transacted business in Horida, if prior t (See sections 605 0904 & 605,0905, F.S. to deter-	to registration.)			
2020 N. Davier D.		6. 3030 N. Rocky Point	Dr		
5. 3030 N. Rocky Po	OINT UF.	6. SUSU IV. RUCKY FULL			
STE 150A	This is a second of the second	STE 150A			
Tampa FL 33607		Tampa FL 33607	20.		
Tampa / 2 dddd/			75		
	Cristian and standard manner (B.O. Ro	NOT aggestable)			
7. Name and street adores	ss of Florida registered agent; (P.O. Bo	x wor acceptance			
Name:	Registered Agents Inc.		-1 - C.		
0.55	3030 N. Rocky Point Dr. STI	E 150A	P 7		
Office Address:			٠٠: و		
	Tampa	, Florida 33607	9 1		
Registered agent's accep	(Cny)	(Zip code	,		
Haning ham named as re	oristored agent and to accept service of	f process for the above stated limited	liability company at the place		
designated in this applica	aios. I hereby accept the appointment	as registered agent and agree to act t	in this capacity. I juriner agree		
to comply with the provis	ions of all statutes relative to the prope	er and complete performance of my a	luties, and I am familiar with		
and accept the obligation	s of my position as registered agent.				
	Ble Hame				
	(Registered agent	's signature)			
8. The name, title or cap	acity 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:		
AMBR	Brigitte Kaliszewski		_		
7 117011	3030 N Rocky Point Dr STE 150A				
	Tampa FL 33607				
					
	·				
(Use attachments if neces					
9. Attached is a certificate	e of existence, no more than 90 days ob	d, duly authenticated by the official ha	ving custody of records in the		
jurisdiction under the law	of which it is organized. (If the certific	cate is in a foreign language, a translat	ion of the certificate under oath		
of the translator must be s	submitted)				
10 This document is exec	cuted in accordance with section 605.02	203 (1) (b), Florida Statutes, I am awar	e 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.		
	R:lugt	21			
	Signal	ture of an authorized person			
	Riley Park				
	Туро	d or printed name of signee			



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

RCL MORTGAGE CONSULTING, LLC

was validly authorized on August 10, 2018, 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: 18108637790

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of October, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Venification Search http://www.michigan.gov/corpverifycertificate.