

MIB000010115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

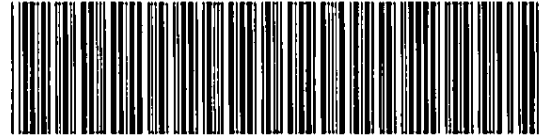
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100318484591

11/08/18--01023--011 \*\*55.00

03/24/18--01038--029 \*\*70.00

Division of Corporations

NOV - 8 P 10:28

FILED

11/9/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2018

JERED KLIMA 2ND REQUEST  
PO BOX 1085  
SILVERTHORNE, CO 80498

SUBJECT: MORTGAGEREWIND.COM LLC  
Ref. Number: W18000085775

We have received your document for MORTGAGEREWIND.COM LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00021676

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2018 NOV -0 14 10:35

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mortgage Rewind.com LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JERED KLIMA  
Name of Person

Mortgage Rewind.com LLC  
Firm/Company

249 Warren Avenue, Suite H202 (mail to: PO Box 1005)  
Address

Silverthorne CO 80498  
City/State and Zip Code

admin@mortgagerewind.com  
E-mail address: (to be used for future annual report notification)

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NOV 8 P 10:28  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jered Klima at ( 970 ) 389-3596  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Mortgage Rewind.com LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mortgage Rewind.com 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. Colorado  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0742282  
(FEI number, if applicable)

4. ~~8/1/2018~~ 10/1/2018  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 249 Warren Avenue  
(Street Address of Principal Office)  
Suite H 202  
Silverthorne CO 80498

6. PO Box 1085  
(Mailing Address)  
Silverthorne CO 80498

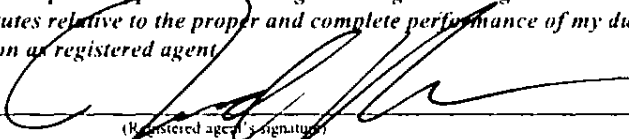
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services Inc.  
 Office Address: 17888 67<sup>th</sup> Court North  
Loxahatchee, Florida 33470  
(City) (Zip code)

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**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.*

  
(Registered agent's signature)

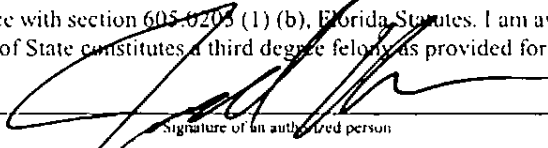
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President / owner</u>	<u>Jered Klima</u>		
	<u>117 Creek Lane</u>		
	<u>Silverthorne CO 80498</u>		

(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 605.0205 (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  
JERED KLIMA  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MortgageRewind.com LLC

is a

Limited Liability Company

formed or registered on 05/02/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161315723 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/17/2018 that have been posted, and by documents delivered to this office electronically through 09/18/2018 @ 15:24:02 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/18/2018 @ 15:24:02 in accordance with applicable law. This certificate is assigned Confirmation Number 11122746

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DENVER - 8 P 10: 28



*Wayne W. Williams*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria> do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*