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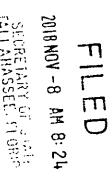
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corporati | ons | | | | |
|---------|--|---|------------------------------------|--|--|--|
| SUBJI | Canaveral Mortga | gc, LLC | | | | |
| (| | Name of | Limited Liability (| Company | | |
| | | | | | unsact Business in Florida," Certificate y company to transact business in Florid | |
| Please | return all correspondence | e concerning this matter to the | following: | | | |
| | Suzanne Wea | iver | | | | |
| | | N | ame of Person | | | |
| | Movement M | lortgage, LLC | | | | |
| | | F | irm/Company | | | |
| | 575 Lynnhav | en Pkwy, Ste 102 | | | | |
| | | | Address | | | |
| | Virginia Bea | ch, VA 23452 | | | | |
| | | City/S | State and Zip Code | | _ | |
| | jvteam@move | ment.com | | | | |
| | | E-mail address: (to be use | d for future annual | report not | ification) | |
| For fur | ther information concern | ing this matter, please call: | | | | |
| | Suzanne Weaver | | 844 at (| 283-92 | 74 | |
| | Name | e of Contact Person | Area Code | Day | rtime Telephone Number | |
| | MAILING ADDRES Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ns | | Division Registrat Clifton B 2661 Exc | CADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | |
| Enclos | ed is a check for the follo ☐ \$125.00 Filing Fee | owing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

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 LIMITED LIABILITY.
* COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| If name unavailable, enter alternate i | iame adopted for the purpose of transacting business | ss in Florida. The alte | emate name must include "Limite | id Liability Conpa | ny," "LLL.C," or "L.E.C.") |
|---|--|--|---|--|---|
| 2 Delaware | | 3. | | | |
| | hich foreign limited liability company is organized | | (Till | number, il applica | hlc) |
| ı. NA | | | | | |
| | (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to | prior to registration.) determine penalty is | ability) | | |
| 575 Lynnhaven Pkwy. | , Ste 102 | 6. | 575 Lynnhavon Pkwy. | Sic 102 | _ |
| (Street Address of | = | - | , , | Address) | 15 cg 29 |
| Virginia Beach, VA 23 | 3452 | _ | Virginia Beach, VA 23 | 452 | = 7 |
| | | - | | | <u> </u> |
| | 571 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | ASS. ASS. |
| . Name and street addre | ss of Florida registered agent: (P.O | . Box <u>NOT</u> ac | cceptable) | | THE E |
| Name: | Corporation Service Company | | | | |
| Office Address: | 1201 Hays Street | | | | 8: 2 |
| * ************************************ | | | | | 57 Un |
| | Tallahacene | | | | |
| daving been named as re lesignated in this applica o comply with the provisi | gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pi s of my position as registered agen | ent as register roper and com L | or the above stated lim ed agent and agree to | act in this co | ipacity. I further agr |
| lesignated in this applica o comply with the provisi | tance: gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the pu s of my position as registered agen Corporation Service Compan By: | ent as register roper and com L (Y) | (4) or the above stated lim red agent und agree to splete performance of | ited liability act in this co | ipacity. I further agr |
| Paving been named us re lesignated in this applica o comply with the provisi and accept the obligation | tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the plants s of my position as registered agen Corporation Service Compan By: | ent as register roper and com L iy secu's signature) orized Repre | ct the above stated limed agent and agree to applete performance of sentative | ited liability act in this co my duties, ar | ipacity. I further agr |
| Paving been named us re lesignated in this applica o comply with the provisi and accept the obligation | tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the plant of the pla | ent as register roper and com L iy igent's signature) orized Repre the has/have at | ct the above stated limed agent and agree to applete performance of sentative | ited liability act in this comy duties, ar | ipacity. I further agr |
| Having been named as re- lesignated in this applica o comply with the provisi- and accept the obligation. 8. The name, title or capa | tance: gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the pisson Service Companion Service Companion Service Companion Mahach, Authority and address of the person(s) w Name and Address: William Harris | ent as register roper and com L iy agent's signature) orized Repre the has/have at Titl | or the above stated limed agent and agree to aplete performance of sentative athority to manage is/at | ited liability act in this comy duties, ar | ipacity. I further agr ad I am familior with |
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| Paving been named as relesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: President CEO Use attachments if neces. Attached is a certificate arisdiction under the law. | tance: gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the position as registered agen Corporation Service Companible: Olivia Mahach, Auth acity and address of the person(s) w Name and Address: William Harris 575 Lynnnaven Pkwy, Ste 10 Virginia Beach, VA 23452 Casey Crawford 8024 Carvin half Rd Indian Land, SC 29707 sary) of existence, no more than 90 days of which it is organized. (If the cert | ent as register roper and com L iy agent's signature) orized Repre the has/have at Titl | or the above stated limited agent and agree to aplete performance of sentative athority to manage is/at the or Capacity: | ited liability act in this comy duties, and re: Name | pacity. I further agree of I am familiar with a sand Address: |
| Paving been named as relesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capative or Capacity: President CEO (Use attachments if neces) Attached is a certificate arisdiction under the law of the translator must be sufficient. | tance: gistered agent and to accept service tion. I hereby accept the appointm ions of all statutes relative to the position as registered agen Corporation Service Companible: Olivia Mahach, Auth acity and address of the person(s) w Name and Address: William Harris 575 Lynnnaven Pkwy, Ste 10 Virginia Beach, VA 23452 Casey Crawford 8024 Carvin half Rd Indian Land, SC 29707 sary) of existence, no more than 90 days of which it is organized. (If the cert | ent as register roper and com (i) (i) (iv) (| or the above stated limed agent and agree to aplete performance of sentative athority to manage is/at the or Capacity: enticated by the official oreign language, a transporting to a transporting to the oreign language. | ited liability act in this co my duties, an re: Name | nacity. I further agree and I am familiar with and Address: and Address: ody of records in the certificate under oath |

William Harris, President

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CANAVERAL 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 FIRST DAY OF NOVEMBER, A.D. 2018.

Authentication: 203724345

Date: 11-01-18