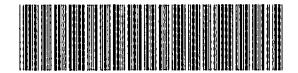
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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF SAME

N CULLIGAN NOV 28 2018

COVER LETTER

Registration Section Division of Corporations

TO:

| SURIFCT | Palm Mortgage, LL0 | C | | | | |
|-------------------|---|---|------------------------------------|---|--|---|
| SOBSTICT. | | Name of I | imited Liability (| Company | | • |
| | | eign Limited Liability Comp d to register the above refere | | | | |
| Please return | all correspondence c | oncerning this matter to the | following: | | | |
| | Suzanne Weave | er | | | | |
| | | Na | ime of Person | | | |
| | Movement Mor | tgage, LLC | | | | |
| | | Fil | rm/Company | | | • |
| | 575 Lynnhaven | Pkwy, Ste 102 | | | | |
| | | | Address | | | • |
| | Virginia Beach. | , VA 23452 | | | | |
| | · | City/St | ate and Zip Code | | | • |
| | jvtcam@movemo | | | | | |
| | - | E-mail address: (to be used | for future annual | report not | ification) | |
| For further in | formation concerning | g this matter, please call: | | | | |
| Suz | zanne Weaver | | 844 _ at (| 283-927 | | |
| | Name o | f Contact Person | Area Code | Dayı | time Telephone Number | • |
| Div Reg P.O | ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314 | | | Division of Registrati Clifton Bi 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ig Fee & | ■ \$160.00 Filing Fee, C of Status & Certified Co | |

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | nume adopted for the purpose of transacting business in | Florida. The alternate mane must include "Limited L | Liability Company," "L.L.C," or "LLC.") |
|---|--|--|--|
| Delaware | | 3 | |
| (Jurisdiction under the law of v | which foreign limited liability company is organized) | (FEI no | mber, if applicable) |
| . <u>N</u> A | | | |
| | (Date first transacted business in Florids, if prior (See sections 605.0904 & 605.0905, F.S. to dete | to registration.) ruine penalty liability) | |
| 575 Lynnhaven Pkwy | | | e 102 |
| (Street Address of | • | 6. 575 Lynnhaven Pkwy, St (Mailing Ad | |
| Virginia Beach, VA 2 | 3452 | Virginia Beach, VA 2345 | 2 |
| | | | 7 S 20 |
| Name and street addre | ss of Florida registered agent: (P.O. Bo | ns NOT accentable) | 2018 NOV SECRETA |
| | Corporation Service Company | on <u>not</u> acochmote) | 77 V |
| Name: | Conjunation Service Company | | SE - 6 |
| Office Address: | 1201 Hays Street | | 다 로 |
| | Tailahassee | , Florida 32301 (Zip co | ∰. (|
| | (City) | , Florida -12.301 | <u> </u> |
| | | | |
| aving been named as re signated in this applica comply with the provisi | tance: gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the prope to of my position as registered agent. Corporation Service Company | f process for the above stated limite as registered agent and avree to ac | d liability company at the pla t in this canacity. I further a |
| signatea in this appuca comply with the provisi | gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the propes of my position as registered agent. Corporation Service Company By: 19 | f process for the above stated limite, as registered agent and agree to accer and complete performance of my | d liability company at the pla t in this capacity. I further a |
| aving been named as resignated in this applicated in this applicated comply with the provising accept the obligation. The name, title or capa | gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. Corporation Service Company By: Olivia Mahach, Auth | f process for the above stated limite, as registered agent and agree to accer and complete performance of my | d liability company at the pla t in this capacity. I further a |
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| aving been named as resignated in this applicated in this applicate comply with the provision accept the obligation. The name, title or capa Title or Capacity: | gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. Corporation Service Company By: Olivia Mahach, Authority and address of the person(s) who to the Name and Address: William Harris 575 Lynnhaven Plowy, Ste 102 | f process for the above stated limite, as registered agent and agree to accer and complete performance of my contact. Assuming the process of the process o | d liability company at the plat in this capacity. I further a duties, and I am familiar with |
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| aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or capa Title or Capacity: President CEO Ise attachments if necess Attached is a certificate | gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By: Olivia Mahach, Authority and address of the person(s) who to the person of t | f process for the above stated limited as registered agent and agree to accer and complete performance of my surpanure) asymmetry to manage is/are: Title or Capacity: | d liability company at the plat in this capacity. I further a duties, and I am familiar with Mame and Address: Name and Address: |
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| aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or capatitle or Capacity: President CEO Is a attachments if necess Attached is a certificate is diction under the law of the translator must be sufficiency. | gistered agent and to accept service of tion. I hereby accept the appointment ons of all statutes relative to the propers of my position as registered agent. Corporation Service Company By: Olivia Mahach, Authority and address of the person(s) who to the properson of the person | f process for the above stated limited as registered agent and agree to accer and complete performance of my amount of amount of the control | Name and Address: Name and Address: |
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Typed or printed name of signed

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PALM 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: 203819038

Date: 11-01-18