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| Special Instructions to Filing Officer: |
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FILED 2018 NOV -8 AH 8: 52 SECRETARY OF FIRM

N CULLIG ***
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COVER LETTER

TO:

Registration Section
Division of Corporations

| D SUBJECT: _ | Oockside Mortgage | . LLC | | | | |
|----------------------------|--|---|------------------------------------|--|--|--------|
| | | Name of | Limited Liability (| Company | | |
| | | | | | ansact Business in Florida," Ce y company to transact business | |
| Please return al | II correspondence o | concerning this matter to the | following: | | | |
| | Suzanne Weav | er | | | | |
| | - | N: | ame of Person | | | |
| | Movement Mo | rtgage, LLC | | | | |
| | | Fi | rm/Company | | | |
| | 575 Lynnhaver | Pkwy, Ste 102 | | | | |
| | | | Address | | | |
| | Virginia Beach | . VA 23452 | | | | |
| | | City/S | tate and Zip Code | | | |
| | jvteam@movem | | | | | |
| | | E-mail address: (to be used | d for future annual | report not | tification) | |
| For further info | rmation concernin | g this matter, please call: | | | | |
| Suzar | ine Weaver | | 844 at (| 283-92) | 74 | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
| Divisi Regist P.O. F | on of Corporations tration Section Box 6327 trassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | |
| | heck for the follow 25.00 Filing Fee | ring amount: \$\Bigsirem\$\$ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (lf i | ganic udavailable, enter alternate o | name adopted for the purpose of transacting business in Flo | rida. The shern | are name must include "Limited Lia | hility Company." "L.L.C." or "LLC.") | | | |
|--|---|--|--|--|---|--------------|--|--|
| 2 | Delaware | | 2 8 | 3-2327573 | | | | |
| (Junisdation under the law of which foreign limited liability company is organized) | | | 3. <u>~</u> | (FE) number, if applicable) | | | | |
| | NA | | | | | | | |
| 4. | | (Date first transacted business in Florida, if prior to | registration.) | | | | | |
| | 575 Lunghavan Plana | (See sections 605,0904 & 605,0905, F.S. to determ | | | 100 | | | |
| 5. 575 Lynnhaven Pkwy, Ste 102 (Street Address of Principal Office) Virginia Beach, VA 23452 | | | 6. 575 Lynnhaven Pkwy, Ste 102 (Mailing Address) | | | | | |
| | | | Virginia Beach, VA 23452 | | | | | |
| | | | | | | | | |
| | | | | | 2018 NOV SECHET | | | |
| 7. | Name and street address | ss of Florida registered agent [®] (P.O. Box | <u>NÙT</u> acc | eptable) | | | | |
| | Name | Corporation Service Company | | | ΨÊ Q. | | | |
| | Name: | | | | \S\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | _ | | |
| | Office Address: | 1201 Hays Street | | | <u>m</u> -5 | П | | |
| | | Tallahassec | | , Florida <u>32301</u> | | <u> </u> | | |
| | | (City) | | (Zip cud | <u> </u> | _ | | |
| | The name, title or capi | S of my position as registered agent. Corporation Service Company By: (Repstered agent's Olivia Mahach, Authorize | | ntative | | | | |
| | | acity and address of the person(s) who ha | is/have auti | hority to manage is/are: | Name and Address. | | | |
| | Title or Capacity: | Name and Address: | is/have auti | | Name and Address: | | | |
| | President | Name and Address: William Harris | is/have auti | hority to manage is/are: | Name and Address: | | | |
| | | Name and Address: | is/have auti | hority to manage is/are: | Name and Address: | | | |
| | President | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 | is/have auti | hority to manage is/are: | Name and Address: | | | |
| | | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford | is/have auti | hority to manage is/are: | Name and Address: | | | |
| | President | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 | is/have auti | hority to manage is/are: | Name and Address: | | | |
| (I) | President CEO | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Lane, SC 29707 | is/have auti | hority to manage is/are: | Name and Address: | approx Andri | | |
| | President CEO Disc attachments if necessity | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Lane, SC 29707 | Tirle | nority to manage is/are: or Capacity: | | | | |
| 9. , jur of : | President CEO Dise attachments if necess Attached is a certificate is diction under the law the translator must be st | Name and Address: William Harris 575 Lynnhaven Plwy, Sie 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Lane. SC 29707. Sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) | Tirle Tirle | nority to manage is/are: or Capacity: nticated by the official hareign language, a translation | ving custody of records in the | | | |
| 9 jur of : | President CEO Dise attachments if necess Attached is a certificate is diction under the law- the translator must be start that the translator in the content is executed. This document is executed. | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Lanc. SC 29707 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat | Tirle Tirle | nority to manage is/are: or Capacity: nticated by the official hareign language, a translational orida Statutes. I am awar | ving custody of records in the on of the certificate under one that any false information | | | |
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| 9 jur of : | President CEO Dise attachments if necess Attached is a certificate is diction under the law- the translator must be start that the translator in the content is executed. This document is executed. | Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Lane, SC 29707 Sary) of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605 0203 of the Department of State constitutes a the | duly authore is in a for | nority to manage is/are: or Capacity: nticated by the official hareign language, a translationida Statutes. I am awar felony as provided for in the statutes. | ving custody of records in the on of the certificate under one that any false information | | | |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DOCKSIDE 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2018.

Authentication: 203701667

Date: 10-29-18