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SECRETARY OF STATE FALLARASSEE, FLORIDA

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T SCHROEDER

#### COVER LETTER

то:	Registi Divisio	ration Section on of Corporati	ons				
SUBJE	ECT:	ighthouse Mort	gage LLC				
			Name o	f Limited Liability	Company		
The end Existen	closed "A nce, and c	pplication by Fo	oreign Limited Liability Con ted to register the above refe	npany for Authori: renced foreign lin	zation to T	ransact Business in Florida," ty company to transact busin	Certificate of less in Florida.
Please	return ali	correspondence	concerning this matter to th	e following:			
		David M. Gas	sman Jr				
			?	Vame of Person	<u> </u>		
		Lighthouse M	ortgage LLC				
			I	Firm/Company			
		9204 Taylorsv	ille Rd, Ste 214				
				Address			
		Louisville, KY	40299				
			City/S	State and Zip Code	e		
		david@lhmhelp	.co <i>m</i>				
	_		E-mail address: (to be use	d for future annua	il report no	tification)	
For furt	her inforr	nation concernin	ng this matter, please call:				
	David N	M. Gassman Jr		502 at (	396-13	375	
		Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	Division Registra P.O. Bo Tallahas	see, FL 32314	S		Division Registrat Clifton E 2661 Exc	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclose	d is a che ■ \$125.	ck for the follow 00 Filing Fee	ring amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	rtificate y

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

Lighthouse Mortgage I	LLC									
(Name of Foreign	Limited	Liability Compan	y, must include "Li	mited Liabil	Company,	" "L.L.C.," or "LLC	<del></del> )		<del></del>	
f name unavailable, enter alternate n Kentucky	turne adopte	ed for the purpose of	f transacting business is	n Florida. The	alternate name	must include "Limited I	Liability Compa	ny." "L.L.(	or "LLC.	ን
Junisdiction under the law of w	hich foreign	lunited hability cor	Epany is Organized)	_ 3		(EEI w	unber, if applica			
						(1 21 11.	anoei, it applica	uiej		
·	(Date	e first transacted bus	siness in Florida, if pric 2 605,0905, F.S. to des	or to registratio	υπ.}					
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(Street Address of F				6.	9204 Tay	lorsville Rd, Ste	ddress) 1> (/)		<u>.</u>	
Louisville, KY 40299					Louisville	e, KY 40299		15		
							춫	A.	*** <u>*</u>	
							3.2	1	*****	
Name and street addres	s of Flo	rida registered	dagent: (P.O. P	Box <u>NOT</u>	acceptable	)	20 A	ထ		
Name:	InCor	p Services, Inc	c				: ' <u>\$</u>	<b>A</b>		
Office Address:	17888	67th Court N	orth				(0)	=	O	
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						<u>1247</u> 0		1		
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## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 209182

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### Lighthouse Mortgage LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 3, 2018 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of November, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

209182/1032025