

11900001324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

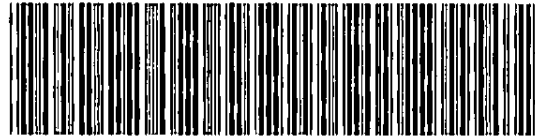
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Craig mason gave me (Dumme)
permission to alter date first
transacted business in Florida 2/6/19
DS

Office Use Only



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01/28/19--01025--010 **125.00

FILED
2019 JAN 28 A 11:24
TALLAHASSEE, FL 32309

2/6/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASON MORTGAGE ADVISORS, 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:

CRAIG MASON

Name of Person

MASON MORTGAGE ADVISORS, LLC

Firm/Company

11862 LACKLAND RD

Address

ST. LOUIS, MO 63146

City/State and Zip Code

CMASON@MMASTL.COM

E-mail address: (to be used for future annual report notification)

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2019 JAN 28 A 11:24
TALLAHASSEE, FL

For further information concerning this matter, please call:

CRAIG MASON

314

395.8300

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. MASON MORTGAGE ADVISORS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. MISSOURI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2238193

(FEI number, if applicable)

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

5. 11862 LACKLAND RD

(Street Address of Principal Office)

6. 11862 LACKLAND RD

(Mailing Address)

ST. LOUIS, MO 63146

ST. LOUIS, MO 63146

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

Name: JOSEPH BENNETT

Office Address: 583 TALLWOOD ST SUITE 102

MARCO ISLAND

(City)

, Florida

34145

(Zip code)

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: CRAIG MASON
☒ Member Address: 11862 LACKLAND RD
☒ Authorized ST. LOUIS, MO 63146
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: BRANDON WOOLEY
☐ Member Address: 11862 LACKLAND RD
☒ Authorized ST. LOUIS, MO 63146
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

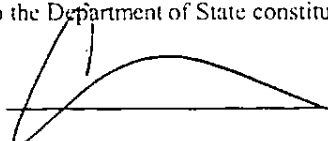
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.0203 (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:
CRAIG MASON

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

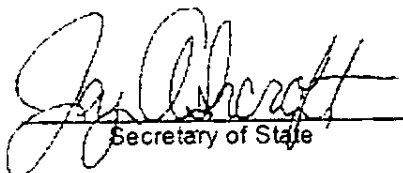
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Mason Mortgage Advisors LLC
LC1297849

was created under the laws of this State on the 11th day of March, 2013, and is active, having fully complied with all requirements of this office.

2019 JAN 28
A 11:20
FILED

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 8th day of January, 2019.


Secretary of State



Certification Number: CERT-01082019-0079