

M19000004333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

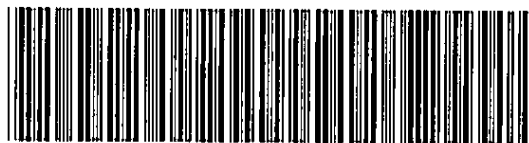
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000004333

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04/18/19--01026--031 **160.00

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2019 APR 30 AM 11:36
FBI - MISSOURI

T GLASS

MAY 01 2019

COVER LETTER

TO:  **Registration Section**
Division of Corporations

SUBJECT: HCP Mortgage, 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:

Joan L Tadrick

Name of Person

HCP Mortgage, LLC

Firm/Company

9221 E Via de Ventura, Suite 102

Address

Scottsdale, AZ 85258

City/State and Zip Code

hpccompliance@hcpmortgage.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Joan L Tadrick

480

776-2957

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

HCP

MORTGAGE, LLC

April 26, 2019

Ms. Tacarri Glass
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

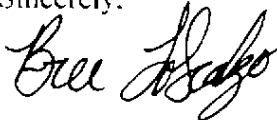
Re: HCP Mortgage, LLC / Document No. W19000040718

Dear Ms. Glass,

Enclosed is the certificate of fact/existence required for foreign LLC qualification.

If you have any questions or need additional information, please contact me directly at 480-646-3386 or by email at HCPCompliance@hcpmortgage.com.

Sincerely,



Bree LoScalzo
Regulatory Compliance Manager

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

2019 APR 29 PM 2:17

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. HCP Mortgage, 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. Texas 83-3560723
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 578 N. Kimball Ave., Suite 110
(Street Address of Principal Office)

6. 9221 E Via de Ventura, Suite 102
(Mailing Address)

Southlake, TX 76092

Scottsdale, AZ 85258

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


Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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)

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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: Joel Hammond
☐ Member Address: 578 N. Kimball Ave., Suite 110
☐ Authorized Southlake, TX 76092
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: James D Barbour II
☐ Member Address: 9221 E. Via de Ventura, Ste 102
☐ Authorized Scottsdale, AZ 85258
 Person _____
☐ Other _____ ☐ Other _____

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

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

☒ Manager Name: Trent Horton
☐ Member Address: 578 N. Kimball Ave., Suite 110
☐ Authorized Southlake, TX 76092
 Person _____
☐ Other _____ ☐ Other _____


☐ Manager Name: Joani L. Tadrick
☐ Member Address: 9221 E. Via de Ventura, Ste 102
☒ Authorized Scottsdale, AZ 85258
 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 605.0205 (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
 JOAN TADRICK
 Typed or printed name of signer

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



David Whitley
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HCP Mortgage, LLC (file number 803236027), a Domestic Limited Liability Company (LLC), was filed in this office on February 12, 2019.

It is further certified that the entity status in Texas is in existence.

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CLERK OF THE STATE
OFFICE OF THE SECRETARY OF STATE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 15, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



David Whitley
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

HCP Mortgage, LLC
File Number: 803236027

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

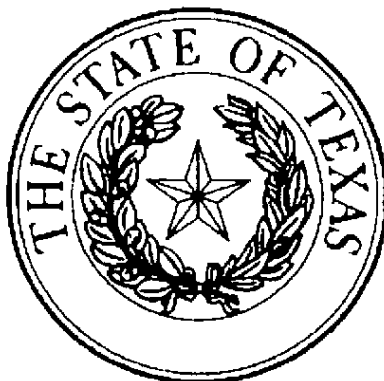
ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 02/12/2019

Effective: 02/12/2019

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OFFICE OF THE SECRETARY OF STATE
AUSTIN, TEXAS



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: Tracy Acuna

Fax: (512) 463-5709
TID: 10306

Dial: 7-1-1 for Relay Services
Document: 867593930002

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
Limited Liability Company**

Filed in the Office of the
Secretary of State of Texas
Filing #: 803236027 02/12/2019
Document #: 867593930002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

HCP Mortgage, LLC

Article 2 - Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Glen A. Bellinger

C. The business address of the registered agent and the registered office address is:

Street Address:

12221 Merit Drive, Suite 1750 Dallas TX 75251

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☒ A. The limited liability company is to be managed by managers.

OR

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Jay Barbour**

Title: **Manager**

Address: **9221 E. Via de Ventura Scottsdale AZ, USA 85258**

Manager 2: **Trent Horton**

Title: **Manager**

Address: **2106 E. State Highway 114, Suite 301 Southlake TX, USA 76092**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Glen A. Bellinger 12221 Merit Drive, Suite 1750, Dallas, Texas 75251

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Glen A. Bellinger

Signature of Organizer

FILING OFFICE COPY

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COUNTY CLERK
OF DALLAS COUNTY, TEXAS

HCP

MORTGAGE, LLC

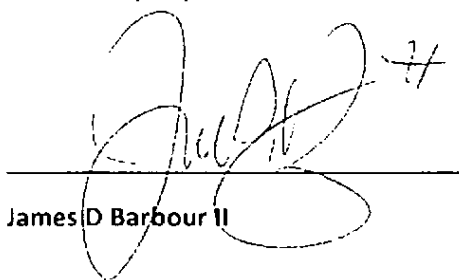
817.235.2000
HCP MORTGAGE, LLC
578 N KIMBALL AVE., SUITE 110
SOUTHLAKE, TX 76092

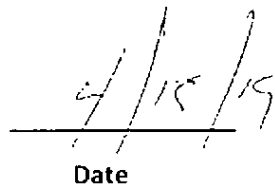
CORPORATE RESOLUTION
OF
HCP MORTGAGE, LLC

We, the undersigned, being all Members of HCP Mortgage, LLC organized and existing under the laws of Arizona, and having it's principal place of business at 9221 E Via de Ventura, Scottsdale, AZ, 85258 (the "Company"), hereby certify that the following is a true and correct copy of a resolution duly adopted by the members of the Company on April 11th, 2019, and that such resolution has not been modified, rescinded or revoked, and is at present in full force and effect.

Therefore, it is resolved:

Effective immediately, Joan Tadrack is authorized to be a signor for legal documents on behalf of the company.


James D Barbour II


Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

