

M19000005648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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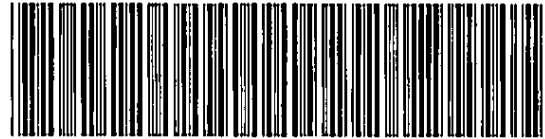
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Homepath 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:

Kimberly Richards
Name of Person

Homepath Mortgage LLC
Firm/Company

30 Rockingham Lane
Address

Oak Ridge, TN 37830
City/State and Zip Code

kimberly@loansbyhm.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Kimberly Richards 423 285-9005
Name of Contact Person at () 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. Homepath 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. Tennessee 3. 83-2943494
(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. 30 Rockingham Lane
(Street Address of Principal Office)

Oak Ridge, TN 37830

6. 30 Rockingham Lane
(Mailing Address)

Oak Ridge, TN 37830

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

Name: Natalie Rivera

Office Address: 2144 Sparkleberry Way

Lakeland, Florida 33811
(City) (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.

Natalie Rivera
(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: Kimberly Richards

☒ Member Address: 30 Rockingham Lane

☒ Authorized Oak Ridge, TN 37830

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Tim Moody

☒ Member Address: 1768 John Crow Rd

☐ Authorized Cleveland, GA 30582

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ 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.

K Richards
Signature of an authorized person

Kimberly Richards
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KIMBERLY RICHARDS
30 ROCKINGHAM LANE
OAK RIDGE, TN 37830

May 2, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0314890

Issuance Date: 05/02/2019
Copies Requested: 1

Document Receipt

Receipt #: 004791915

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3757405234

\$20.00

Regarding: Homepath Mortgage LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 12/13/2018
Status: Active
Duration Term: Perpetual
Business County: ANDERSON COUNTY

Control #: 999362
Date Formed: 12/13/2018
Formation Locale: TENNESSEE
Inactive Date:

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CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Homepath Mortgage LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 033105820



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Letter of Tax Clearance

May 2, 2019

HOMEPATH MORTGAGE LLC
30 ROCKINGHAM LN
OAK RIDGE, TN 37830-9033

Account Type: Franchise/Excise Tax
SOS Control Number: 000999362
TNTAP Submission ID: 1784224512
Clearance Type: Confirmation of
Good Standing

The Tennessee Department of Revenue has received and processed your request for tax clearance for the account indicated above. This is to certify that the taxpayer has filed all applicable reports and paid fees, penalties, and taxes as state law requires.

If you have a Tennessee charter or certificate of authority, this letter, along with the appropriate reports, forms, and fees, must be submitted to the following address:

Office of the Secretary of State
312 Rosa L. Parks Ave. - 6th Floor
Nashville, TN 37243

Letters of tax clearance are invalid 45 days after the date of the letter. Taxpayers who do not complete termination or withdrawal requirements with the Secretary of State will continue to be subject to the franchise and excise taxes. For additional information regarding your Tennessee charter or certificate of authority, please contact the Tennessee Secretary of State Division of Business Services at 615-741-2286.

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