

MP1900005962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

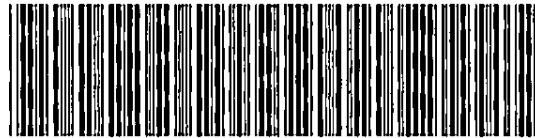
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SCOTT

JUN 20 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pacific Residential 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:

Brad Holly

Name of Person

Pacific Residential Mortgage, LLC

Firm/Company

4949 Meadows Road, Suite 150

Address

Lake Oswego, OR 97035

City/State and Zip Code

brad.holly@pacresmortgage.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brad Holly

503

905-4940

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. Pacific Residential 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. Oregon  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 4949 Meadows Road, Suite 150  
(Street Address of Principal Office)

6. 4949 Meadows Road, Suite 1  
(Mailing Address)

Lake Oswego, OR 97035  
Lake Oswego, OR 97035

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

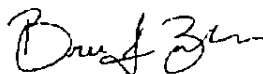
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.



(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: Matthew Stashin  
☐ Member Address: 4949 Meadows Road  
☐ Authorized Suite 150  
Person Lake Oswego, OR 97035  
☐ Other ☐ Other

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

☒ Manager Name: Melissa Stashin  
☐ Member Address: 4949 Meadows Road  
☐ Authorized Suite 150  
Person Lake Oswego, OR 97035  
☐ Other ☐ Other

☒ Manager Name: Eric Wiley  
☐ Member Address: 4949 Meadows Road  
☐ Authorized Suite 150  
Person Lake Oswego, OR 97035  
☐ Other ☐ Other

☒ Manager Name: Robert Hefty  
☐ Member Address: 4949 Meadows Road  
☐ Authorized Suite 150  
Person Lake Oswego, OR 97035  
☐ 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

Eric Wiley

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 356Y573J5

I, BEV CLARNO, SECRETARY OF STATE, and Custodian of the Seal of said State, do  
hereby certify:

**PACIFIC RESIDENTIAL MORTGAGE, LLC**

is

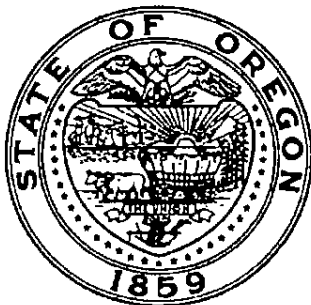
Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

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TALLAHASSEE, FLORIDA

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.



A handwritten signature in cursive script, reading 'Bev Clarno'.

BEV CLARNO, SECRETARY OF STATE

4/26/2019