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(City/State/Zip/Phone #)

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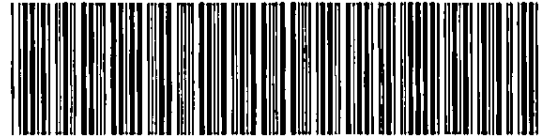
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ANDERSEN | TATE | CARR

ONE SUGARLOAF CENTRE
1980 SATELLITE BOULEVARD, SUITE 4000
DULUTH, GEORGIA 30097
(770) 822-0900 / FACSIMILE (770) 822-9890

FACSIMILE TRANSMITTAL SHEET

TO: FL DEPT OF STATE - FROM:
CORPORATIONS DIV

ALICIA PAESANI, PARALEGAL

ATTN: ZAKIYA

DATE: JULY 2, 2019

FAX NUMBER: 850-245-6030

TOTAL NO. OF PAGES, INCLUDING
COVER: 4

Please see the attached Certificates of Existence for each of

FRONTLINE CAPITAL PARTNERS, INC.

FRONTLINE CAPITAL MORTGAGE, LLC

FRONTLINE CONSTRUCTION PARTNERS, LLC

I appreciate anything you can do to expedite the associated qualifications.

Thank you so much,
Alicia Paesani

CONFIDENTIALITY NOTE:

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service. Thank You.

13 JUL 2019 11:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRONTLINE CAPITAL 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:

Alicia Paesani

Name of Person

Andersen, Tate & Carr, P.C.

Firm/Company

1960 Satellite Blvd, Suite 4000

Address

Duluth, GA 30097

City/State and Zip Code

dpage@frontlinecapitalmortgage.com and apaesani@atclawfirm.com

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

For further information concerning this matter, please call:

Alicia Paesani

at (770) 822-0900
Area Code Daytime Telephone Number

Name of Contact Person

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

(BA)

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. FRONTLINE CAPITAL 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. GEORGIA

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

3.

(EFT number, if applicable)

4. JUNE 1, 2019

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

5. 91 SAMMY MCGHEE BLVD

(Street Address of Principal Office)

6. 91 SAMMY MCGHEE BLVD

(Mailing Address)

SUITE 110

SUITE 110

JASPER, GEORGIA 30143

JASPER, GEORGIA 30143

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

Name:

BRIAN ANDREWS

Office Address:

6506 Butlers Crest Drive

Bradenton

(City)

Florida

34203

(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):


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DONNA JOHNSON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 91 SAMMY MCGHEE BLVD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 110	<input type="checkbox"/> Authorized	_____
Person	JASPER, GEORGIA 30143	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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

DONNA JOHNSON

Typed or printed name of signer



STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Frontline Capital Mortgage, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17428116
Date Inc/Auth/Filed: 04/17/2014
Jurisdiction : Georgia
Print Date : 07/02/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State