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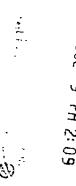


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7/9/19

NAME:

ZERO POINT MORTGAGE SERVICES LLC

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attodia

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:

The Point Monteness Stripes LLC

(Name of Foreign	n Limited Liability Company, must include "Limi	ted Liability Cor	npany," "L.L.C.," or "LLC.")			
il-blote- alternata	name adopted for the purpose of transacting business in F	Porids The alternat	e name must include "I imited I ishilli	v Company * *	LLC "or"	ייייי
e (materialors, critic attendance	iniz support in the purpose of unitering outliers in a			₹		,
olorado			-0316469	₹E	2019	
urisdiction under the law of w	which foreign limited liability company is organized)		(FEI number,	if applicable)	<u> </u>	
				<u> </u>	Ή	
I/A				SSI	9	5
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.)	v)	—H.	- 0	-
				, Es	P	' [
900 E Union Ave Su			0 E Union Ave Suite 1100	, 공학	Ŧ.	į
(Street Address of	Principal Office)	· <u>-</u>	(Mailing Address		6	_
enver, CO 80237		Den	iver, CO 80237	Þ	_	
arne and <u>street addre</u>	ss of Florida registered agent: (P.O. Bo	х <u>NOT</u> ассер	table)	<u>. — — — — — — — — — — — — — — — — — — —</u>		_
ame and street address Name:	ss of Florida registered agent: (P.O. Bor Paracorp Incorporated	x <u>NOT</u> accep	otable)			_
		x <u>NOT</u> accep	i: otable)	-		_
Name:	Paracorp Incorporated	x <u>NOT</u> accep				_
Name:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor	x <u>NOT</u> accep	 32301		,	_
Name: Office Address:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City)	x <u>NOT</u> accep			,	_
Name: Office Address:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City)			bility com	pany at 1	
Name: Office Address: tered agent's accep	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) stance: rgistered agent and to accept service of justion, I hereby accept the appointment a	process for the	32301, Florida	his capaci	ty. I fur	ther .
Name: Office Address: tered agent's accep ag been named as re nated in this applica apply with the provisi	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) Itance: registered agent and to accept service of justion, I hereby accept the appointment accepts of all statutes relative to the proper	process for the	32301, Florida	his capaci	ty. I fur	ther i
Name: Office Address: tered agent's accep ag been named as re nated in this applica apply with the provisi	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) stance: rgistered agent and to accept service of justion, I hereby accept the appointment a	process for the	32301, Florida	his capaci	ty. I fur	ther i
Name: Office Address: tered agent's accep ag been named as re nated in this applica apply with the provisi	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) Itance: registered agent and to accept service of justion, I hereby accept the appointment accepts of all statutes relative to the proper	process for the	32301, Florida	his capaci	ty. I fur	ther i

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: Name and Address: Title or Capacity: Gilbert Martinez Manager Name: Manager Name: 7900 E Union Ave Suite 1100 Member Address: Address: Denver, CO 80237 Authorized Authorized Person Person Other 🔀 Other Other Other_____ Name: Name: Manager Address: _ Member Address: Authorized Authorized Person Person Other____ Other Other_ Other____ Name: Manager Name: ______ Manager Address: ☐ Member Address: _____ Member Authorized Authorized Person Person Other_ Other Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Gilbert Martinez Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 07/09/2019

ENTITY NAME: Zero Point Mortgage Services

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Zero Point Mortgage Services

is a

Limited Liability Company

formed or registered on 04/01/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091161424.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/24/2019 that have been posted, and by documents delivered to this office electronically through 06/26/2019 @ 17:56:40.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/26/2019 @ 17:56:40 in accordance with applicable law. This certificate is assigned Confirmation Number 11654685 .



Secretary of State of the State of Colorado

**********End of Certificate**

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."