

M19000009271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

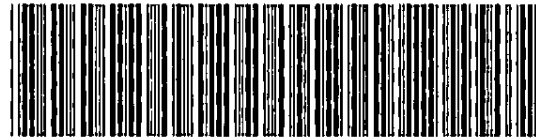
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/23/22--01028--007 \*\*25.00

2022 SEP 23 PM 12:47  
OFF STATE



Karen A. Tobin  
(815) 337-5026  
[ktobin@smithamundsen.com](mailto:ktobin@smithamundsen.com)

September 22, 2022

**Via Federal Express**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

Re: Application by Foreign Limited Liability Company to File Amendment  
To Certificate of Authority to Transact Business in Florida - **New Name**  
From: Mortgage Connect Default Services, LLC  
To: Townsgate Closing Services, LLC

Dear Sir or Madam:

Enclosed please find Application by Foreign Limited Liability Company to File Amendment for Mortgage Connect Default Services, LLC to the new name Townsgate Closing Services, LLC. Also enclosed is a certified copy of the amendment from Pennsylvania, along with a check for the filing fee in the amount of \$25.00. Please process this document and return a filed copy to me in the enclosed self-addressed, stamped envelope. Should you have any questions, please call me at (815) 337-5026.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen A. Tobin'.

Karen A. Tobin

KAT/ds  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mortgage Connect Default Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Tobin

Name of Person

SmithAmundsen LLC

Firm/Company

475 W. Terra Cotta Suite C-1

Address

Crystal Lake IL 60014

City/State and Zip Code

ktobin@smithamundsen.com

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

For further information concerning this matter, please call:

Karen Tobin

Name of Person

at ( 815 ) 337-5026

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of

State: Mortgage Connect Default Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: \_\_\_\_\_

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 08/26/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Townsgate Closing Services, LLC  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Mortgage Connect Default Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: \_\_\_\_\_

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 08/26/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Townsgate Closing Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/16/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Townsgate Closing Services, LLC

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Sep 19, 2017 - Pages (2)

Amendment filed on Sep 11, 2022 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220916172037-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity# : 6607441  
Date Filed : 09/19/2017  
Pedro A. Cortés  
Secretary of the Commonwealth

☐ Return document by mail to:  
CSC order #822961-5 lby  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
CSC  
(xx) Return document by email to: cscpa@cscglobal.com

Certificate of Organization  
Domestic Limited Liability Company  
DSCB:15-8821 (rev. 2/2017)



TCO170920MC0109

Read all instructions prior to completing. This form may be su

Fee: \$125 ☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Mortgage Connect Default Services, LLC  
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:  
(post office box alone is not acceptable)

260 Airside Moon Township PA 15108 Allegheny  
Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Rebecca Lewis

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

☒ The Certificate of Organization shall be effective upon filing in the Department of State.

☐ The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

2017 SEP 19 PH 4: 34

DEPT. OF STATE

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

☐ The company is a restricted professional company organized to render the following restricted professional service(s):

- ☐ Chiropractic
- ☐ Dentistry
- ☐ Law
- ☐ Medicine and surgery
- ☐ Optometry
- ☐ Osteopathic medicine and surgery
- ☐ Podiatric medicine
- ☐ Public accounting
- ☐ Psychology
- ☐ Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

☐ This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

19th day of September, 2017.

/s/ Rebecca Lewis

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



Entity# : 6607441  
Date Filed : 09/11/2022  
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:  
Karen Tobin  
Name  
475 W. Terra Cotta Suite C-1  
Address  
Crystal Lake PA 60014  
City State Zip Code  
☐ Return document by email to: \_\_\_\_\_

Certificate of Amendment-Domestic  
Limited Partnership/Limited Liability Company  
DSCB:15-8622/8822(rev. 2/2017)



8622

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:  
Mortgage Connect Default Services, LLC
2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:  
9/19/2017  
Date(MM/DD/YYYY)
3. The current registered office address on file with the Department of State: *Complete part (a) OR (b) – not both:*  
(a) 260 AIRSIDE, MOON TOWNSHIP, PA, 15108, Allegheny,  

Number and Street	City	State	Zip	County
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(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County
4. Check, and if appropriate complete, one of the following:  
☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:  
Name Change of LLC to Townsgate Closing Services, LLC  
\_\_\_\_\_  
☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.
5. Check, and if appropriate complete, one of the following:  
☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.  
☐ The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date(MM/DD/YYYY) Hour (if any)

6. Check if the amendment restates the Certificate of Limited Partnership/Organization:

☒ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 11th day of September, 2022.

Mortgage Connect Default Services, LLC

Name of Limited Partnership/Limited Liability  
Company

Meghan Jones-Rolla

Signature

Manager

Title

For inquiries regarding a submitted order, please contact (302) 739-3073.  
For Technical Assistance regarding submitting your request, please contact:  
DOSDOC\_TECH\_SUPPORT@delaware.gov

We appreciate your feedback. Take the survey and let us know how we are doing!