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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

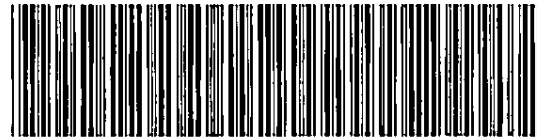
(Business Entity Name)

(Document Number)

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

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B KINSEY  
SEP 16 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Integrity 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:

Bruce K. Brown III

Name of Person

Integrity Mortgage LLC

Firm/Company

2320 Congress Street, Suite D

Address

Portland, Maine 04102

City/State and Zip Code

bruce@firstinmaine.com

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

For further information concerning this matter, please call:

Gary Keegan

at ( 603 )

425-3078

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

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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. Integrity 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. Maine

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

3. 83-0930105

(FEI number, if applicable)

4. N/A

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

5. 2320 Congress Street, Suite D

(Street Address of Principal Office)

6. 2320 Congress Street, Suite D

(Mailing Address)

Portland, Maine 04102

Portland, Maine 04102

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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)

Lindsay Plummer  
Assistant Secretary

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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]:

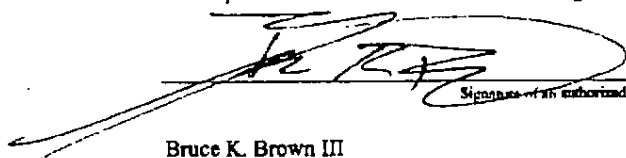
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Bruce K. Brown III</u>	<input checked="" type="checkbox"/> Manager	Name: <u>John R. Jordan</u>
<input type="checkbox"/> Member	Address: <u>21 Melody Lane, Portland ME.</u>	<input type="checkbox"/> Member	Address: <u>19 Mitchellwood Drive</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	<u>Falmouth, ME. 04105</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Frederic Philip Laughlin, Jr.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2 Cardinal Lane</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Cape Elizabeth, ME 04107</u>	<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.817.165, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Bruce K. Brown III  
 \_\_\_\_\_  
 Typed or printed name of signer

# State of Maine



## Department of the Secretary of State

***I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.***

***I further certify that INTEGRITY MORTGAGE LLC, formerly INTEGRITY MORTGAGE, INC. is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is June 19, 2017.***

***I further certify that on:***

June 19, 2017	ARTICLES OF INCORPORATION were filed.
June 13, 2018	ARTICLES OF ENTITY CONVERSION FOR A DOMESTIC BUSINESS CORPORATION were filed.
June 13, 2018	CERTIFICATE OF FORMATION was filed.
July 10, 2019	ASSUMED NAME was filed.

***No further amendments have been filed to date.***

***I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.***

***In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this eleventh day of July 2019.***



LIMITED LIABILITY COMPANY

STATE OF MAINE

STATEMENT OF INTENTION TO  
TRANSACTION BUSINESS UNDER AN  
ASSUMED OR FICTITIOUS NAME  
(for Maine or Foreign LLC)

INTEGRITY MORTGAGE, LLC  
(Name of Maine or Foreign Limited Liability Company)

Filing Fee for an Assumed Name \$125.00  
Filing Fee for a Fictitious Name \$40.00

File No. 20187061DC Pages 2  
Fee Paid \$ 125  
DCN 2191913610011 ANME  
FILED  
07/10/2019

Julie L Flynn  
Deputy Secretary of State

A True Copy When Attested By Signatory

Deputy Secretary of State

Pursuant to 31 MRSA §1510, the undersigned limited liability company executes and delivers the following Statement of Intention to Transact Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.) ☒ assumed name (§1510-1.A) ☐ fictitious name (§1510-1.B)

The limited liability company intends to transact business under the assumed or fictitious name of

FIRST FINANCIAL MORTGAGE

Note: A fictitious name is a name adopted by a foreign limited liability company authorized to transact business in this State because its real name is unavailable pursuant to §1508.

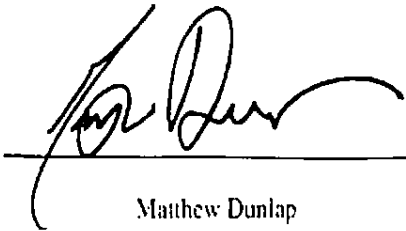
Complete the following if applicable:

SECOND: If such assumed name is to be used at fewer than all of the limited liability company's places of business in this State, the location(s) where it will be used is (are)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Additional locations are attached hereto as Exhibit \_\_\_\_\_ and made a part hereof.

Form No. MLLC-5 (1 of 2)



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Matthew Dunlap  
Secretary of State