M19000010003

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer: Whow due 3 Lee 31603 W19-81603					

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2019

JESSICA PORTER 1011 SUNSET ST EAST JORDAN, MI 49727

SUBJECT: PORTER FINANCIAL GROUP, LLC

Ref. Number: W19000081603

We have received your document for PORTER FINANCIAL GROUP, LLC and your check(s) totaling \$72.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00020044

NOTE: I am so sorry! I verified w/my accountant that I am an LLC that files as an S. Corp. I thought I was an S. Corp. Corrected application of check enclosed.

www.sunbiz.org

Division of Cornerations P.O. ROY 6397 Tollaharras Florida 29214



September 9, 2019

JESSICA PORTER 1011 SUNSET ST EAST JORDAN, MI 49727

SUBJECT: PORTER FINANCIAL GROUP, LLC

Ref. Number: W19000081603

We have received your document for PORTER FINANCIAL GROUP, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

THERE IS A FEE DUE OF \$72.50,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00018442

RECE SEP 2

COVER LETTER

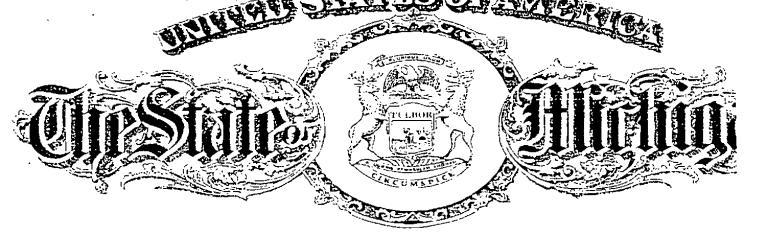
	TO: Registration Section Division of Corporations			
-	SUBJECT: Poter Financial Group, LLC Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Existence, and check are submitted to register the above referenced foreign limited liability company to transact				
	Please return all correspondence concerning this matter to the following:			
	Jessica Porter Name of Person			
	Porter Financial Group, LLC Firm/Company			
1011 Sunset St. Address				
	East Jardan, MI 49727 City/State and Zip Code			
	i porter aporter financial group. Com E-mail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:			
	Tessica Porter at (231) 1075-4449 Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\sum_{\text{S125.00}} \text{Filing Fee} \sum_{\text{S130.00}} \text{Filing Fee} \text{\text{\$\text{Certificate of Status}}} \sum_{\text{S155.00}} \text{Filing Fee} \text{\text{\$\text{\$\text{S160.00}} \text{Filing Fee}}} \text{\text{\$\text{of Status & Certified Copy}}}			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, F COMPANY TO TRANSACT BUSINESS IN THE .	STATE OF FLORIDA:		GN IJMI
1. <u>Forter Financial G</u> (Name of Foreign Limited Liability G	Omparly; must include "Limited Liability	y Company," "L.L.C.," or "LLC.")	
PFG Mortgage Bre	OKEY, LLC	terrate name must include "Limited Liability Company"	"I I C "ar
2	_	82-1568308 (FEI number, if applicable)	
4. Na (Date first trans (See sections 6)	sacted business in Florida, if prior to registration 05 0904 & 605,0905, F.S. to determine penalty	.i liability)	
5. 100 Main St. St. 7 (Street Address of Principal Office)	6.	101) Sunset St. (Mailing Address)	
P.O. BOL 279		East Jordan, Mi	497.
Fast Jordan, MIL	19727		<u> </u>
7. Name and <u>street address</u> of Florida res	gistered agent: (P.O. Box <u>NOT</u> a	acceptable)	
Name: <u>Jess</u>	ICA PORTER		
Office Address: 54	Aire Ridge Trace		
Des	tin (City)	. Florida <u>3254)</u> (Zip code)	74
Registered agent's acceptance: Having been named as registered agent designated in this application, I hereby o to comply with the provisions of all statu and accept the obligations of my position	accept the appointment as registe ttes relative to the proper and co.	ered agent and agree to act in this capa	icity. I fo

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and A Name: Jessica Porter Manager | Manager Manager Name: _____ Address: 1011 Sunset St. Member | Member Address: ______ Cast Jorgan, MI 49727 Authorized Authorized Person Person Mother Principal Other Other Other Manager Name: ______ Manager Name: Address: Member ☐ Member Address: _____ ___Authorized Authorized Person Person Other____Other___ Other_____ Name: Manager Manager Name: _____ Member Address: Member Address: 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 on 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 reco jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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 inform 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 JUSSICH PORTER

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That PORTER FINANCIAL GROUP, LLC

was validly authorized on May 18, 2017, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credi given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19085097710

In testimony whereof. I have hereumto set my l in the City of Lansing, this 27th day of August , 20

Julia Daie, Director

Corporations: Securities & Commercial Licensing