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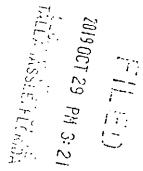
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	/AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
2nd Kejich W19000091013	
1,119000085708	

Office Use Only



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09/11/19--01024--015 **130.00



Y SCOTT

NOV_2 2019



FAX COVER SHEET

To:

From: Suzanne Weaver

Company:

Date: 10/29/19 03:13:13 PM

Fax Number: 8502456030

Pages (Including cover): 7

Re: MoveHome Celebration Mortgage, LLC

Notes:

Good afternoon!

Please see attached and let me know if you have any questions to approve the certificate.

Thank you!

SuzanneWeaver | IV Team

Office: (757) 452-3140 ext 12055

Fax: (757) 645-0682

Office Hours: SAM - SPM EST

575 Lynchaven Pkwy, Ste 102 Veginia Beach, VA 23452 www.movement.com

NMLS#: 1781375



Have I made you a raving fan today? If so, please email <u>ravingfans@movement.com</u>.

Need to send me sensitive information via email? <u>Click here.</u>

Movement Mortgage has implemented Proofpoint Email Encryption Service. To learn

more, click here.

Missenent Merigings in a requested braherack of blow-re-infludings, and in decision signature which interpret. The expression for the expression was the real of 1971 in accordance of colors and signatures. Diving contents of the responsion of the expression of the



980 SCI 23 FE 111



October 12, 2019

SUZANNE WEAVER 575 LYNNHAVEN PKWY. STE:102 VIRGINIA BEACH, VA 23452

SUBJECT: MOVEHOME CELEBRATION MORTGAGE, LLC

Ref. Number: W19000091013

We have received your document for MOVEHOME CELEBRATION MORTGAGE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 719A00021052

Yvette Scott Document Specialist II



September 21, 2019

SUZANNE WEAVER 575 LYNNHAVEN PKWY. STE:102 VIRGINIA BEACH, VA 23452

SUBJECT: MOVEHOME CELEBRATION MORTGAGE, LLC

Ref. Number: W19000085708

We have received your document for MOVEHOME CELEBRATION MORTGAGE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 019A00019593

Yvette Scott Document Specialist II

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	MoveHome Celebra	tton Mongage, LLC						
		. Name of	Limited Liability	Company		·	_	
		reign Limited Liability Com d to register the above refer						
Please return	all correspondence of	concerning this matter to the	following:					
	Suzanne Weav	er						
		N	ame of Person					
	Movement Mo	rtgage, LLC						
		F	irm/Company			<u></u> 5.	107	
	575 Lynnhaver	Pkwy, Ste 102					7019 067	**************************************
			Address			7.C.	729	1
	Virginia Beach	. VA 23452				Er. i	PH	
		City/S	tate and Zip Code	•		G.	- 3: 2	
	jvteam@movem	ent.com				4(0)%	, 21	
		E-mail address: (to be use	d for future annua	l report not	ification)			
For further in	formation concernin	g this matter, please call:						
Suz	anne Weaver		844 at (283-927	74			
	Name o	f Contact Person	Area Code	Day	time Telephon	e Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	•		Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporation on Section uilding cutive Center (ee. Fl. 32301			
	check for the follow 125.00 Filing Fee	ing amount: \$\B\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		□ \$160.00 F of Status & C			ate

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

IN COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'iname unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo.	nda. The alternate name must include "Larnat	ed Liability Company," "LLL C," or "LLC ";
Delaware		₅ 84-2983958	
	tuch foreign limited hability company is organized)	- ²	I number, if applicable?
. NA			
	(Date first transacted business in Plonda, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	
575 Lynnhaven Pkwy.			Ste 102
(Street Address of		6. 575 Lynnhaven Pkwy, (Mailin	g Address)
Virginia Beach, VA 23	3452	Virginia Beach, VA 23	3452
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	7 2
Name:	Corporation Service Company		21.
Office Address:	1201 Hays Street		2019 OCT 29 P
	Tallahassee	, Florida <u>32301</u>	67
o comply with the provisi	ions of all statutes relative to the proper		
		Stephanie M Asst. Vice Pres	
nd accept the obligation	s of my position as registered agent.	Stephanie M Asst. Vice Pres	ilnes sident
nd accept the obligation 3. The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who ha	Stephanie M Asst. Vice Pres signature)	ilnes sident
nd accept the obligation. 3. The name, title or capa	(Registered agent's sacity and address of the person(s) who han Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102	Stephanie M Asst. Vice Pres signature)	ilnes sident
nd accept the obligation 3. The name, title or capa Title or Capacity:	(Registered agent's sacity and address of the person(s) who ha	Stephanie M Asst. Vice Pres signature)	ilnes sident
nd accept the obligation The name, title or capa Title or Capacity: Manager	(Registered agent's sacity and address of the person(s) who han Name and Address: William Harris 575 Lynnhaven Pkwy. Ste 102 Virginia Beach, VA 23452	Stephanie M Asst. Vice Pres signature)	ıre:
nd accept the obligation 3. The name, title or capa Title or Capacity:	(Registered agent's sacity and address of the person(s) who hat Name and Address: William Harris 575 Lynnhaven Pkwy. Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd	Stephanie M Asst. Vice Pres signature)	ilnes sident
nd accept the obligation The name, title or capa Title or Capacity: Manager CEO	(Registered agent's state and address of the person(s) who has Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Incian Land, SC 29707	Stephanie M Asst. Vice Pres signature)	ilnes sident
nd accept the obligation 3. The name, title or capa Title or Capacity: Manager CEO Use aπachments if neces	(Registered agent's sacity and address of the person(s) who hat Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Catvin Hall Rc Indian Land, SC 29707	Stephanie M. Asst. Vice Pressignature) as/have authority to manage is/a Title or Capacity:	ines Name and Address:
nd accept the obligation 3. The name, title or capa Title or Capacity: Manager CEO Use aπachments if neces Attached is a certificate	(Registered agent's active and address of the person(s) who hat Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Incian Land, SC 29707 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	Stephanie M. Asst. Vice Pressignature) Is/have authority to manage is/a Title or Capacity:	ilnes ident Ire: Name and Address: al having custody of records in the

Typed or printed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOVEHOME CELEBRATION MORTGAGE, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2019.

2019 OCT 29 PM 3: 21

7550113 8300 SR# 20197671287

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jahren W. Gurbles, Exercisery of State

Authentication: 203846375

Date: 10-22-19