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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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COVER LETTER'

Registration Section Division of Corporations

TO:

UBJECT: _	 -	Name of	Limited Liability Compar	ıy
he enclosed " xistence, and	Application by Fo	reign Limited Liability Comped to register the above refer	pany for Authorization to enced foreign limited liab	Transact Business in Florida," Cer ility company to transact business i
case return a	ll correspondence	concerning this matter to the	following:	
	Suzanne Weav	ver		2ù2
		.7	ame of Person	
	Movement Mo	ortgage, LLC		
	-	F	im/Company	
	575 Lynnhave	n Pkwy, Ste 102) ()
			Address	-
	Virginia Beacl	n, VA 23452		
		City/S	tate and Zip Code	
	jvteam@moven	nent.com		
		E-mail address: (to be use	d for future annual report	notification)
or further info	ormation concernit	ng this matter, please call:		
Suzar	ine Weaver		844 283	-9274
	Name	of Contact Person		Daytime Telephone Number
Divisi Regist P.O. E	ing ADDRESS on of Corporation tration Section Box 6327 nassee, FL 32314	<u>s</u> s	Divisi Regis Clifto 2661	EET ADDRESS: ion of Corporations tration Section n Building Executive Center Circle nassee, FL 32301
	heck for the follow 25.00 Filing Fee	ving amount: \$\Begin{align*} \begin{align*} \begin{align*} \text{S130.00 Filing Fee & Certificate of Status} \end{align*}	☐ \$155.00 Filing Fee of Certified Copy	& □ \$160.00 Filing Fee, Certifi of Status & Certified Copy

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

IN COMPILANCE 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:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. The alternate name must include "Limited	Liability Com	npany," "L.L.C," or "LL
. Virginia	3. 83-1469308		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized) (FEI n	umber, if appl	licable)
, NA			
·	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
921 N Battlefield Blvd	Principal Office) 6. 575 Lynnhaven Pkwy, S	te 102	
(Street Address of F	,	_	2:
Chesapeake, VA 23320	Virginia Beach, VA 234	52	. F1
			
		-	. N.
. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	٠.	
Name:	Corporation Service Company		' <u></u>
	1201 Hays Street		ယ့
Office Address:		į.	- 0
	Tallahassee , Florida 32301		ļ •
esignated in this applicate comply with the provision	gistered agent and to accept service of process for the above stated limit tion, I hereby accept the appointment as registered agent and agree to a sons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistant (Registered agent's signature)	ict in this ry duties,	capacity. I furth and I am famili
tesignated in this applica o comply with the provisi and accept the obligation:	tion, I hereby accept the appointment as registered agent and agree to a lons of all statutes relative to the proper and complete performance of n s of my position as registered agent.	nct in this ny duties, stant VP	capacity. I furth and I am famili
tesignated in this applica o comply with the provisi and accept the obligation: 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as registered agent and agree to a sons of all statutes relative to the proper and complete performance of n sof my position as registered agent. Lynn Cannelongo, Assistant and address of the person(s) who has/have authority to manage is/are	nct in this ny duties, stant VP	capacity. I furti and I am famili
tesignated in this applica o comply with the provisi and accept the obligation: 8. The name, title or capa	tion, I hereby accept the appointment as registered agent and agree to a sof all statutes relative to the proper and complete performance of n is of my position as registered agent. Lynn Cannelongo, Assistantly and address of the person(s) who has/have authority to manage is/are Name and Address: Title or Capacity:	nct in this ny duties, stant VP	capacity. I furti and I am famili
designated in this applicate of comply with the provisional accept the obligations. 8. The name, title or capa Title or Capacity: President	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistantia and Address of the person(s) who has/have authority to manage is/are Name and Address: Title or Capacity: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452	nct in this ny duties, stant VP	capacity. I furti and I am famili
esignated in this applicate of comply with the provisional accept the obligations. 3. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistant and address of the person(s) who has/have authority to manage is/are Name and Address: Title or Capacity: William Harris 575 Lynnhaven Pkwy, Ste 102	nct in this ny duties, stant VP	capacity. I furti and I am famili
designated in this applicate of comply with the provisional accept the obligations. 8. The name, title or capa Title or Capacity: President	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistantia (Registered agent's signature) acity and address of the person(s) who has/have authority to manage is/are Name and Address: Title or Capacity: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford	nct in this ny duties, stant VP	capacity. I furti and I am famili
designated in this applicate of comply with the provisional accept the obligations. 8. The name, title or capa Title or Capacity: President President	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistant and address of the person(s) who has/have authority to manage is/are Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Land, SC 29707	nct in this ny duties, stant VP	capacity. I furti and I am famili
esignated in this application of comply with the provisional accept the obligations. B. The name, title or caparatitle or Capacitys. President CEO Use attachments if necess. Attached is a certificate arisdiction under the law.	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistant and address of the person(s) who has/have authority to manage is/are Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Land, SC 29707 sary) of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a trans	stant VP :: Nan Having cu	capacity. I furth and I am familiand
designated in this applicate of comply with the provisional accept the obligations. 8. The name, title or caparatitle or Capacity: President CEO (Use attachments if necessary is a certificate urisdiction under the law of the translator must be sure.) O. This document is executed.	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of my position as registered agent. Lynn Cannelongo, Assistant and address of the person(s) who has/have authority to manage is/are Name and Address: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Land, SC 29707 sary) of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a trans	having cu	ustody of records the certificate union false information
tesignated in this applicate of comply with the provisional accept the obligations. 8. The name, title or caparatitle or Capacity. President CEO (Use attachments if necessary). Attached is a certificate urisdiction under the law of the translator must be sufficient in the control of the	tion, I hereby accept the appointment as registered agent and agree to a fons of all statutes relative to the proper and complete performance of me to find my position as registered agent. Lynn Cannelongo, Assignature) (Registered agent's signature) acity and address of the person(s) who has/have authority to manage is/are Name and Address: Title or Capacity: William Harris 575 Lynnhaven Pkwy, Ste 102 Virginia Beach, VA 23452 Casey Crawford 8024 Calvin Hall Rd Indian Land, SC 29707 sary) of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a transubmitted) uted in accordance with section 05 9203 (1) (b), Florida Statutes. I am average in the control of the certificate is in a foreign language, a transubmitted)	having cu	ustody of records the certificate union false information

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COLONY 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 TWENTIETH DAY OF DECEMBER, A.D. 2019.

2923 July 27 PR 3: 64

Authentication: 204266529

Date: 12-20-19

7136794 8300 SR# 20198762786

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