MAGGEORICO

(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:				





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SECRETARY OF STATE

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COVER LÉTTER

TO:

TO:	Registration Section Division of Corporations			Ê			
		ST. MICHAEL M	IORTGAGE, L	LC	e!		
SUBJI	ECT:	Name of Limi	ited Liability Co	mnany			
			•				
The en Exister	iclosed "Application by Foreign nee, and check are submitted to	Limited Liability Company register the above reference	for Authorization for Authorization definition for the foreign limited foreign limited for the foreign	on to Transact d liability com	Business in Florida," C pany to transact busines	ertificate of s in Florida.	
Please	return all correspondence conce	erning this matter to the follo	owing:				
	FOUAD MOUSSA						
		ST. MICHAEL MORTGAGE, LLC ST. MICHAEL MORTGAGE, LLC Firm/Company ST. V. O					
	ST. MICHAEL MORTGAGE, LLC						
	Firm/Company					ILED	
	P.O. BOX 133				PH 2: 08 OF STATE EE, FLORIDA	\ddot{D}	
		Ac	ldress		21 08 STATE LORIDA		
	CENTREVILLE, V	A 20122					
		City/State	and Zip Code	· · ·			
	fkmoussa@StMichae	lMortgage.com					
	E-	mail address: (to be used for	future annual re	eport notificati	ion)		
For fu	rther information concerning thi	s matter, please call:					
	FOUAD MOUSSA	at	703	424-2462			
	Name of Co	ontact Person	Area Code	Daytime '	Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		[] (]	STREET ADI Division of Co Registration So Clifton Buildin 2661 Executive Fallahassee, Fl	rporations ection og e Center Circle		
	Enclosed is a check for the for Please make check payable to		ENT OF STATI	E			
		S130.00 Filing Fee & Certificate of Status	_	iling Fee &	S160.00 Filing Fe of Status & Certif		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	ST. MICHAEL MORTO				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company." "L	alaCi," or "LLC;")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	onda. The alternate name must	include "Limited Liabilit		"," or "LLC.")
VIRGINIA 2.	hich foreign limited liability company is organized)	3	(FEI number	ZOZO JI SECCIONIO	
(Jurishead) dikici dic law 14 w	incu arcigi maca anomy company is organized		(FIZ. MARKS).	DUAN 10	
4	(Date first transacted business in Florida, if prior to (See sections 005,0904 & 605,0905, F.S. to determ	registration) nine penalty hability)			i D
5381 LAVENDER MI	ST CT.	P.O. BOX 1	33 (Mailing Address	1 2: 08 SIATE LORIDE	
CENTREVILLE, VA		CENTREVILLE, VA 20122			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo.	x NOT acceptable)			
The title divide the second se	<u></u> or remaregimenta agenti (11971).	· · · · · · · · · · · · · · · · · · ·			
Name:	FOUAD MOUSSA				
Office Address:	2616 EMORY DRIVE EST, UNIT K				
	WEST PALM BEACH	Flor	33415 ida		
	(('n' ₁)		(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)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: FOUAD MOUSSA Manager Manager P.O. BOX 133 Member ☐Member Address: Address: CENTREVILLE, VA 20122 ☐ Authorized □ Authorized Person Person Other_ Other_____ Other_ Manager | Manager Name: Member Member Address: _____ Address: Authorized Authorized

Person

Other

Manager

Member

Authorized

Person

Other_

Person

Other____

Manager

☐ Member

Authorized

Person

Other

Other____

Other____

Address: _____

Important Notice: Use an attachme	ent to report more than six (6).	The attachment will be imag	ged for reporting purposes only. Non-
indexed individuals may be added	to the index when filing your F	Horida Department of State	Annual Report form.

___Other____

Other____

Address: _____

- 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.817.155, F.S.

Signature of an authorized person

FOUAD MOUSSA

Typed or printed name of signee

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That ST. MICHAEL MORTGAGE, LLC is duly organized as a limited liability company; under the law of the Commonwealth of Virginia;

That the limited liability company was formed on March 8, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 5, 2020

Joel H. Rock

Joel H. Peck, Clerk of the Commission