(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:
1020000101015

Office Use Only



300339559533

01/28/20--01024--601 (\*\*190.5.

2021 (1:26 | F1112)

T GLASS MAR 0 4 2020



February 1, 2020

JESSE PAULL 3160 CROW CANYON RD, SUITE 340 SAN RAMON, CA 94583 US

SUBJECT: NEXT MORTGAGE, LLC Ref. Number: W20000010645

We have received your document for NEXT 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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 620A00002388



## COVERLETTER

O: Registration Section Division of Corporations	
UBJECT: Next Mortgage, DEC	
	ne of Limited Liability Company
, , , , , , , , , , , , , , , , , , , ,	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida,
ease return all correspondence concerning this matter t	to the following:
Je	sse Paull
	Name of Person
	Firm/Company
31	.60 Crow Canyon Rd #400
	Address
	Ramon, CA 94583 City/State and Zip Code
Li	censing@NEXTMTG.com
E-mail address: (to b	e used for future annual report notification)
or further information concerning this matter, please ca	ري.
Paula Leber	at ( 925 ) 884-2760 C
Núme of Contact Person	Area Code . Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF  \$125.00 Filing Fee \$	ce & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

## 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:

2. California    Furtisdiction under the law of which foreign furtised liability company is organized)	If name investable, enter alternate	raine adopted for the purpose of transacting business in Fi	orida. Tire i	alternate name must include "Limited Liability Company," "L	.L.C," or "LLC."
(Ptil number, if applicable)  (Ptil number)  (Ptil number)  (Ptil number, if applicable)  (Ptil					
3160 Crow Canyon Rd, Suite 340  inert Address of Principal Office)  San Ramon, CA 94583  San Ramon, CA 94583  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Paracorp Incorporated  155 Office Plaza Drive, 1st Floor			,	(PEI mimber, If applicable)	
3160 Crow Canyon Rd, Suite 340  inert Address of Principal Office)  San Ramon, CA 94583  San Ramon, CA 94583  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Paracorp Incorporated  155 Office Plaza Drive, 1st Floor	·	(Date first transacted business in Florida, if prior to	egistration	.)	
San Ramon, CA 94583  San Ramon, CA 94583  San Ramon, CA 94583  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Paracorp Incorporated  Name:  155 Office Plaza Drive, 1st Floor					
San Ramon, CA 94583  San Ramon, CA 94583  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name:  Paracorp Incorporated  155 Office Plaza Drive, 1st Floor			6.	3160 Crow Canyon Rd, Suite 340	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Paracorp Incorporated  Name:  155 Office Plaza Drive, 1st Floor	reet Address of Principal Office)		•	(Malling Address)	
Name:  155 Office Plaza Drive, 1st Floor	San Ramon, CA 94583			San Ramon, CA 94583	
Name:  155 Office Plaza Drive, 1st Floor					
Name:  155 Office Plaza Drive, 1st Floor		·			
Name:  155 Office Plaza Drive, 1st Floor	Name and street address	is of Florida registered agent: (P.O. Box	NOT a	cceptable)	<u> </u>
Name: 155 Office Plaza Drive, 1st Floor					-
155 Office Plaza Drive, 1st Floor	Mamai	Paracorp Incorporated			Ē
	1ARUIC!			— Account	. L
	Office Address:	155 Office Plaza Drive, 1st Floor			t
Tallahasace 32301	~	T-11-1		22301	
Tallahasace 32301 (City) (Zip ccde)				, Florida	

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.

Jody Musa, Act Secreta (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: Name and Address: Title or Capacity: Title or Capacity: Kimberly Callas Christopher M George Manager ■Manager Address: \_\_\_\_ Address: \_\_\_ 3160 Crow Canyon Rd Ste 340 □Member **国Member** San Ramon, CA 94583 San Ramon, CA 94583 ☐ Authorized Authorized Person Person Other \_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_ □Other\_\_\_ Name: James Dwiggins Name: \_\_\_\_\_ □Manager □Manager Address: 3160 Crow Canyon Rd Ste 340 □Member Address: \_\_\_\_\_\_ □Member San Ramon, CA 94583 ☐ Authorized ₩ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_ □Manager Name: Name: \_\_\_\_\_ □Manager Address: ☐ Member □ 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 only. Nonindexed 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.817.155, F.S.

Kimberly Callas

Signature of an authorized person

Typed or printed name of signee

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NEXT MORTGAGE, LLC

FILE NUMBER: FORMATION DATE:

201910610216 04/16/2019

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

26 F. IS: 55



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2020.

ALEX PADILLA Secretary of State