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SEVENTARY OF STATE
SEVENTARIASSEE, FLORID



## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	1st American Home Loans, LLC			
SUBJ	ECT:			
		Name of Limited Liability Company		
The en	nclosed "Application by Foreign Limited Liabi ence, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this mat	ter to the following:		
	Erin Wilcox			
		Name of Person		
	1st American Home Loans, LLC	2020 SE TAL		
	508 Pomfret Street	Firm/Company  Firm/Company		
	Address			
	Putnam, CT 06260	Address PA 2:		
	ewilcox@welend.net	City/State and Zip Code		
	E-mail address: (t	to be used for future annual report notification)		
For fur	rther information concerning this matter, please	e call;		
	Erin Wilcox	860 7747000		
	Name of Contact Person	at ()		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA D \$\sum \\$125.00 \text{ Filing Fee}  \frac{130.00 \text{ Filing Fee}}{\text{Certifica}}\$	DEPARTMENT OF STATE		

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

IN COMPHANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		u Liability Con	ipany," "L. L. C.,"	or "LLC.")		
2 111 - 1					IAS	702
	ame adopted for the purpose of transacting business in Fl			de "Limited Liabi	hty Company,"	C." or#1:
CT		56	2344617		£6.	PR
· · · · · · · · · · · · · · · · · · ·	hich foreign limited liability company is organized)	3		(FEI number,	77 ju	1 5
(Jurisdiction under the law of wi	isen foreign limited trability company is organized)			(FEI number,	ii appurante)	-n [
n/a					1. C	Ť,
					<u> </u>	<i>نې</i> '
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ) ine penalty liabili	iy)		25	$\overline{a}$
508 Pomfret Street, Pu	itnam, CT 06260	508	Pomfret Stre	et, Putnam,	CL 04380,	
Street Address of Principal Office)		6	(Mailing Address)			
·			•			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)			
	Registered Agents Inc.					
	Registered Agents Inc.					
Name:						
Name:	7901 4th St N, STE 300					
Name: Office Address:	7901 4th St N, STE 300		_			
		<del></del>	<u> </u>	33702		
	7901 4th St N, STE 300  St. Petersburg	<del></del>	— , Florida	33702		

#### 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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Erin Wilcox Keith A. Wilcox **■**Manager Name: \_ Name: □Manager 508 Pomirei St. Putnam, CT 06260 508 Pomfret St, Putnam, CT □Member Address: □Member Address: ☐ Authorized **Authorized** Person Person □Other\_\_\_\_ Other\_\_\_\_ Other\_\_ Name: □Manager □Manager Name: \_\_\_\_\_ Address: □Member □Member Address: □ Authorized □ Authorized Person Person □Other\_\_ □Other\_ □Other\_\_ □Other\_\_\_\_ Name: \_\_\_\_ □ Manager Name: □Manager Address: Address: □Member □Member □ 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.

Typed or printed name of signee

Keith Alan Wilcox

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

### 1ST AMERICAN HOME LOANS, LLC

a domestic limited liability company, were filed in this office on April 16, 1997.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Whenk

Date Issued: February 07, 2020

Business ID: 0560885 Express Certificate Number: 2020048116001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov