

5/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Quicken Loans, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2020 APR 15 PM 12:22

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Corporate Filing Menu

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*****2 OF 2, DO NOT REJECT. FILE SECOND WITH**

H20000110390 3 FIRST.***

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Quicken Loans, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" or "LLP")

2. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-2603955
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.001(4), 605.002(1)(b) to determine penalty liability)

5. 1050 Woodward Avenue
(Street Address of Principal Office)

6. 1050 Woodward Avenue
(Mailing Address)

Detroit, MI 48226
Detroit, MI 48226

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33321
(City) (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.

By: C T Corporation System

(Registered agent's signature)

James M. Halpin

James M. Halpin
Assistant Secretary

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2020 APR 15 PM 4:50
TALLAHASSEE, FLORIDA

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):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name:	Rock Holdings Inc		☒ Manager	Name:	Daniel Gilbert	
☒ Member	Address:	1090 Woodward Avenue		☐ Member	Address:	1050 Woodward Avenue	
☐ Authorized		Detroit, MI 48226		☐ Authorized		Detroit, MI 48226	
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☒ Manager	Name:	Jay Farmer		☒ Manager	Name:	Mat Rizik	
☐ Member	Address:	1050 Woodward Avenue		☐ Member	Address:	1050 Woodward Avenue	
☐ Authorized		Detroit, MI 48226		☐ Authorized		Detroit, MI 48226	
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ 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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

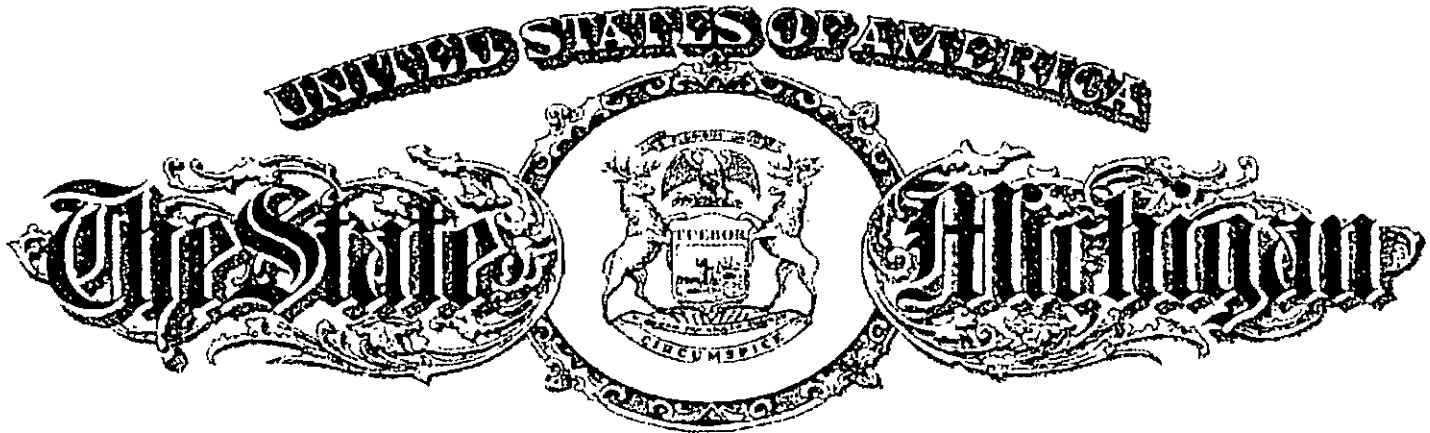
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Jay Farmer

Signature of an authorized person

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
QUICKEN LOANS, LLC

was validly authorized on June 21, 1985, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 20040058690

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of April, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau