## M200005396

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## 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:

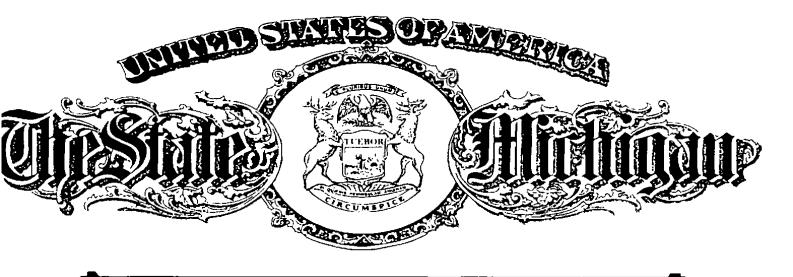
1.		Mortgage, LLC			
<del></del>	(Name of Foreign Lin	nited Liability Company; must include "Limite	d Liability C	Company," "L.L.C.," or "E.L.C.")	
(If name	e unavailable, enter alternate name	adopted for the purpose of transacting business in Flo	orida. The altern	mate name must include "Limited Liability Company," "L.L.C."	or "LL
2	Michigan	foreign limited liability company is organized)	3	83-2461550 (FIII number, of applicable)	
4.		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) inc penalty hab	bilis)	
5	22029 Farmingto	on Rd.	6. 22029 Farmington Rd. (Mailing Address)		
_	Farmington Hills, MI 48336		_	Farmington Hills, MI 48336	
7. Ni	ume and street address o	of Florida registered agent: (P.O. Box	 . <u>NOT</u> acc	· Jan gonu	
	Name:	Jasoп Kendrick			-
	Office Address:	7594 Yellowstone Dr.			•
	~-	Pace		, Florida <u>32571 g.s.</u> 75	**************************************
		(Cny)		(Zip codej) A	

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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to nanage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: litle or Capacity: Name: Steve Everitt X Manager Manager Address: 22029 Farmington Rd. Member Meinber Address: \_\_\_\_\_ Farmington Hills, MI 48336 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Other Name: \_\_\_\_\_ Manager Name: Manager Address: ]Member Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_ Other\_\_\_ Other Manager Name: \_\_\_\_\_\_ ]Manager Name: \_\_\_\_ Member Member Address: \_\_\_\_\_\_\_ Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_ .\_\_ .\_\_ Other Other portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonlexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted 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 Steve Everitt

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs



This is to Certify That STEVE EVERITT MORTGAGE, LLC

was validly authorized on November 7, 2018, 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.

Startles & Commercial

Sent by electronic transmission

Certificate Number: 20061407420

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of June, 2020.

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.