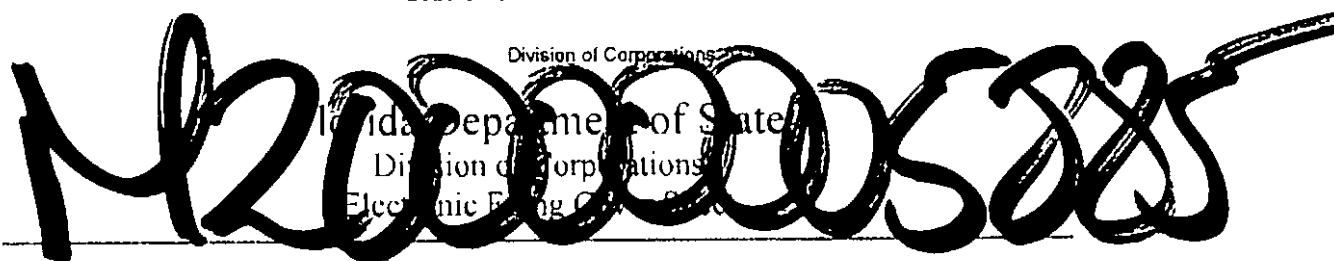


7/1/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
Intercoastal Mortgage, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
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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:

1. INTERCOASTAL MORTGAGE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Virginia

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

3. 52-1597440

(FEI number, if applicable)

4. 7/1/2020

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4100 Monument Corner Drive

(Street Address of Principal Office)

Suite 220

Fairfax, VA 22030

6. 4100 Monument Corner Drive

(Mailing Address)

Suite 220

Fairfax, VA 22030

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

(City)

Florida 33324

(Zip code)

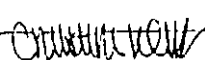
Registered agent's acceptance:

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.

C T Corporation System

Christine Kelm, Assistant Secretary

By:



(Registered agent's signature)

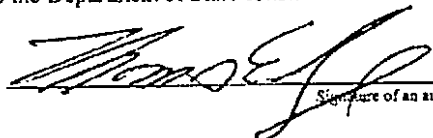
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Joshua M. Cilman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Harry Edward Dean III</u>
<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>	<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>
<input checked="" type="checkbox"/> Authorized	Suite 220	<input checked="" type="checkbox"/> Authorized	Suite 220
Person	Fairfax, VA 22030	Person	Fairfax, VA 22030
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Thomas E. Pyne</u>	<input type="checkbox"/> Manager	Name: <u>Peter Cameron</u>
<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>	<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>
<input checked="" type="checkbox"/> Authorized	Suite 220	<input checked="" type="checkbox"/> Authorized	Suite 220
Person	Fairfax, VA 22030	Person	Fairfax, VA 22030
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Richard Rabil</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Larry Mazza</u>
<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>	<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>
<input type="checkbox"/> Authorized	Suite 220	<input type="checkbox"/> Authorized	Suite 220
Person	Fairfax, VA 22030	Person	Fairfax, VA 22030
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Thomas E Pyne

 Typed or printed name of signer

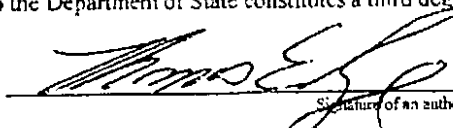
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Albert Van Metre</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Donald Robinson</u>
<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>	<input type="checkbox"/> Member	Address: <u>4100 Monument Corner Drive</u>
<input type="checkbox"/> Authorized	Suite 220	<input type="checkbox"/> Authorized	Suite 220
Person	<u>Fairfax, VA 22030</u>	Person	<u>Fairfax, VA 22030</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 Signature of an authorized person
 Thomas E. Pyne

 Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That INTERCOASTAL MORTGAGE COMPANY is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 29, 1988;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing 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:

June 26, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

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