11/5/2020

Division of Corporations

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 Cherry Creek Mortgage, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

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 HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

	to the state of th	orda. The alternate name must include "Limited Liability Compa		
	isme adopted for the purpose of transacting outsidess in 1 to	THE SECTION WHICH THE PROPERTY COMPANY	m,,	
Delaware		3. (El number, il applicab		
Unrisdiction under the law of w	high foreign limited liability company is organized)	(I fil number, if applicab	le}	
Upon Filing				
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) ne penalty liability)		
7600 E Orchard Road, Suite 250N		7600 E Orchard Road, Suite 250N		
reet Address of Principal Office)		6. (Mailing Address)		
Greenwood Village, C	O 80111	Greenwood Village, CO 80111		
			(<u>)</u>	
				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ī	
Name and succe addres	SOFT TOTAL TEGETICAL CONTRACTOR	<u> </u>	Ċ	
	C T Corporation System			
Name:			င့်ခ	
			<u>بسم</u>	
	1200 South Pine Island Road		. 	
Office Address:	1200 South Pine Island Road		, , i	
Office Address:	Dissertion	. 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name:	□Manager	Name: Matt Garlinghouse	
□Member	Address:		Address:	
□Authorized	Suite 250N		Suite 250N	
Person	Greenwood Village, CO 80111	Person	Greenwood Village, CO 80111	
☐Other	□Other	▼ Other Executive \	P	
□Manager	Name: Rick Sechausen	Manager	Name:	
∃Member	Address: 7600 E Orchard Road		Address:	
□Authorized	Suite 250N		Suite 250N	
Person	Greenwood Village, CO 80111	Person	Greenwood Village, CO 80111	
COO Other	Other	Senior VP	Other	
∐Manager	Name: Stacey Harding	Manager	Name: John K. Carson	
□Member	Address: 7600 E Orchard Road		Address: 7600 E Orchard Road	
□Authorized	Suite 250N		Suite 250N	
Person	Greenwood Village, CO 80111	Person	Greenwood Village, CO 80114	
■Other	VPOther	▼ 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.

Brian LeFevre	
Signature of an authorized person	
Brian LeFevre, Authorized Agent (POA)	
Typed or printed name of sumer	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHERRY CREEK MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203993084

Date: 11-02-20