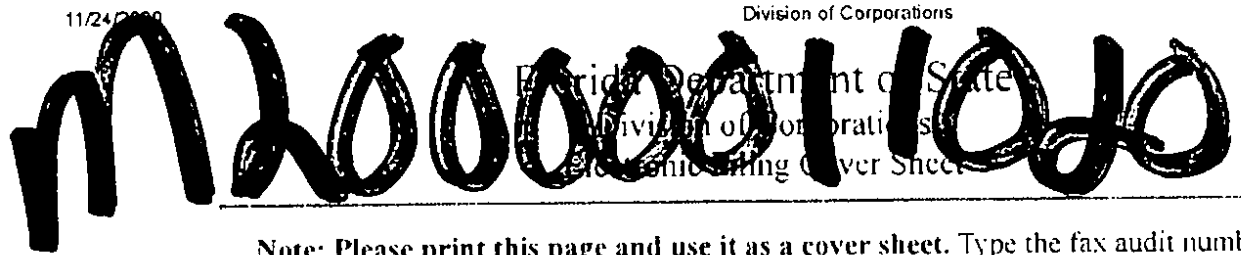


11/24/2020

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\*

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Foreign Limited Liability Company  
NORTISTAR HOME LOANS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

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. NorthStar Home Loans LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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. CT 83-1248802 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 112 Main St., Unit 11 (Street Address of Principal Office) Putnam, CT 06260

6. 112 Main St., Unit 11 (Mailing Address) Putnam, CT 06260

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 33324 (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) Nichol McCroy

Nichol McCroy, Assistant Secretary

20 NOV -24 AM 11:57

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:

Manager      Name: Jason Verraneault

Member        Address: 112 Main St.

Authorized      Unit 11

Putnam, CT 06260

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: Lindsey Verraneault

Member        Address: 112 Main St.

Authorized      Unit 11

Putnam, CT 06260

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

                        Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

                        Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

                        Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member        Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

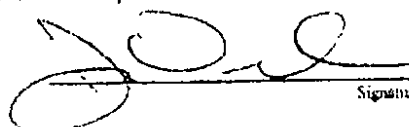
                        Person \_\_\_\_\_

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Jason Verraneault  
 \_\_\_\_\_  
 Typed or printed name of signer

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

NORTHSTAR HOME LOANS LLC

a domestic limited liability company, were filed in this office on July 17, 2018.

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

Date Issued: November 24, 2020