

Division of Corporations

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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Please honor original
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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
Mission Loans, LLC

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

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2020 DEC -7 PM 2:20

20 DEC 1 - 2:27 PM '20

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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. Mission Loans, 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," "LLC," or "LLC.")

2. Ohio 34-1633105
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/01/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5686 Dressler Road NW 6. 5686 Dressler Road NW
(Street Address of Principal Office) (Mailing Address)

North Canton, OH 44720

North Canton, OH 44720

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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: Christa Leigh
Corporation Service Company
(Registered agent's signature)

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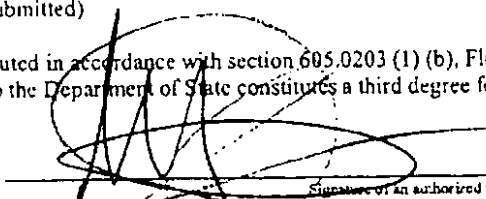
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: William H. James, III	<input checked="" type="checkbox"/> Manager	Name: Gene Weil
<input type="checkbox"/> Member	Address: 5686 Dressler Road NW	<input type="checkbox"/> Member	Address: 5686 Dressler Road NW
<input type="checkbox"/> Authorized Person	North Canton, OH 44720	<input type="checkbox"/> Authorized Person	North Canton, OH 44720
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Chad Smith	 <input checked="" type="checkbox"/> Manager	 Name: Corey Wood
<input type="checkbox"/> Member	Address: 5686 Dressler Road NW	<input type="checkbox"/> Member	Address: 5686 Dressler Road NW
<input type="checkbox"/> Authorized Person	North Canton, OH 44720	<input type="checkbox"/> Authorized Person	North Canton, OH 44720
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Eric Bail	<input type="checkbox"/> Manager	 Name: Waterfall Investorco III, LLC
<input type="checkbox"/> Member	Address: 5686 Dressler Road NW	<input checked="" type="checkbox"/> Member	Address: 1251 6th Avenue, 50th Floor
<input type="checkbox"/> Authorized Person	North Canton, OH 44720	<input type="checkbox"/> Authorized Person	New York, NY 10020
<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
 William H. James, III
 Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MISSION LOANS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 761972, was organized within the State of Ohio on December 4, 1989, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of December, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202033602434