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Account#: I20000000088

Date:	03/28/2021	
	Marcel Ogbonna-Amu	
Reference	#:1347335	
Entity Nam	e:HOMEWARD M	ORTGAGE LLC
	cles of Incorporation/Authorization to ⁻	
☐ Ame	endment	
☐ Cha	nge of Agent	ANY ISSUES, CALL MARCEL:
Reir	nstatement	(518) 213 - 0826
☐ Con	version	Thank you!
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Other	er Certified Copy of the Qualificatio	Filing and Good Standing Certificate.
Authorized	Amount:\$160.00	
Signature:	Marcel og bornen-time	_

F: 800.944.6607

COVER LETTER

TO:

Homeward Mortgage LLC	
BJECT: Nan	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
ase return all correspondence concerning this matter	to the following:
Timothy M. Heyl	
	Name of Person
Homeward Mortgage LLC	
	Firm/Company
916 S Capital of Texas Hwy, Suite 2.	200
	Address
Austin, TX 78746	
	City/State and Zip Code
tim@homeward.com	
E-mail address: (to b	be used for future annual report notification)
r further information concerning this matter, please co	all:
Theodora Kotsakis, Esq.	248 642-6133 at ()
Name of Contact Person	at ()
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE
□ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate	

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:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in Flori		oility Company," "L. L. C," or "L
Texas		83-4363921 3.	, if applicable)
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	, if applicable)
Upon qualification			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty liability)	
916 S Capital of Texas		6. (Mailing Address)	Suite 2.200
et Address of Principal Office)		(Mailing Address)	
Austin, TX 78746		Austin, TX 78746	
Name and street address	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	021 MA ECRE
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	2021 MAR 29 SECRETARY
		NOT acceptable)	021 MAR 29 AM 10: SECRETARY OF ST TALLAHASSEE, I
Name:	COGENCY GLOBAL INC	NOT_acceptable)	021 MAR 29 AM 10: 16 SECRETARY OF STATE TALLAHASSEE, FL
Name:	COGENCY GLOBAL INC 115 North Calhoun Street, Suite 4	32301	021 MAR 29 AM 10: 16 SECRETARY OF STATE TALLAHASSEE, FL

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: Name and Address: Title or Capacity: Timothy M. Heyl Name: _ Homeward Inc. □Manager Manager Address: _____ **■**Member Address: _____ □Member 916 S Capital of Texas Hwy, Suite 2.200 916 S Capital of Texas Hwy, Suite 2.200 □ Authorized □ Authorized Austin, TX 78746 Austin, TX 78746 Person Person □Other □Other ____ Other □Other_____ □Manager Name: ______ □Manager Name: _____ □Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □Other__ □Other ___ □Other____ □ Other Name: ■ Manager □Manager □Member Address: □Member Address: _____ □Authorized □ Authorized Person Person □Other_____ □Other____ □Other____ □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. Timothy Heyl —AGBEZOSZ99AE4FA.. Signature of an authorized person Timothy M. Heyl

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Homeward Mortgage LLC (file number 803287294), a Domestic Limited Liability Company (L.L.C), was filed in this office on April 08, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my nameofficially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 26, 2021.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1037935830003

Prepared by: SOS-WEB

Phone: (512) 463-5555