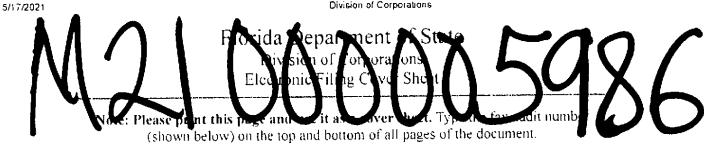
Division of Corporations



(((H210001974223)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone 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 Flyhomes Mortgage, LLC

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

MAY 18 7021

M. SOLOMON

DocuSign Envelope ID: 73DFEC29-EB87-4BC2-ADB4-A2EEEBACFA72

To: 18506176383

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPTANCE WITH SECTION 805,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Flyhomes Mortgage, LI				
(Name of Foreign I	imited Liability Company, must include "Limited	Liability Company,	"E.L.C.," or "LLC")	
ing gnavailable, enter alternate in	one adopted to the purpose of transacting his mose in Flo	inda. The afternate name	must metude "Lemited Liability Co	inpuny," "Lili-C," (a "I I C,")
Vashington		30-10441 3.		
(Jurisdiction under the law of w	sich fereigi: limited liability company is organized)	J	(f'Ll number of app'	icable)
N/A				
	(Date first transacted business in Florida, it proof to 0 (See sections 605-0904 & 605-0905, F.S. to determine	egistration) ne penalty liability)		
et Address of Principal Office)		6	g Adılıtıssi	
1201 Western Ave Ste	100	1201 Wes	tern Ave Ste 100	<u> </u>
Seattle WA 98101		Seattle W.	A 98101	A A A A A A A A A A A A A A A A A A A
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)		SI 그
Name:	C T Corporation System			AM NO: 28 OF STATE E. CLORIDA
Office Address:	1200 South Pine Island Road			
	Plantation	, FJ	33324 Iorida	
	(Cuy ₁	1	(/ap 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	M. Janes
By:	Eric Jensen, Assistant Secretary	Out mon_
	(Registered agent's signate	ure)

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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 (5) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
-EManager	Name: Ryan Dibble	Manager	Name: Flyhomes, Inc.
□Member	Address: 1201 Western Ave Ste 100		Address:1201 Western Ave. Ste 100
Authorized	Seattle WA 98101	-	Seattle, WA 98101
Person		Person	
Other	Other	□Other	Other
□ Manager	Name:	Manager	Name:
□ Member	Address:	□Member	Address:
[] Authorized		Authorized	
Person		Person	36
Other	Other	Other	—————————————————————————————————————
⊡Manager	Name:	Z Manager	Name: ARY OF AR
□Member	Address:	Member	Address:
□Authorized		Authorized	·ŋ.
Person		Person	
Other	T.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.

Ryan Dibble		
50E 70E 7.079004F1	Signature of an authorized person	
Ryan Dibble		
	Typed or peinted name of signee	

Page: 5 of 5

- MERNINE.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

FLYHOMES MORTGAGE, LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/16/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/10/2021 UBI Number: 604 213 742



Given under tny hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 05/10/2021

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