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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

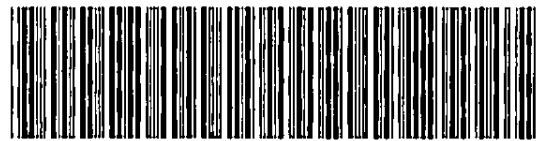
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

US
S221

TO: FLORIDA DEPARTMENT OF STATE

FROM: LOCAL MORTGAGE GROUP, LLC
C/O Michael Fishman
22075 Water Run Ct
Ashburn, VA 20148

RE: MISSING DOCUMENTS FOR REGISTERING FOREIGN COMPANY IN FLORIDA

To Whom It May Concern,

My name is Michael Fishman, and I am the owner of LOCAL MORTGAGE GROUP, LLC in Virginia. I am trying to get Mortgage Broker license in Florida, and I sent you company registration form for foreign corporation and check of \$160 couple weeks ago. Unfortunately, by mistake I forgot to include documents for my company from Virginia.

I noticed that you received my initial application and cashed my check payable to Florida Department of State. Please see attached documents required to register my company with Florida Department of State:

1. Virginia Certificate of Corporation for LOCAL MORTGAGE GROUP, LLC
2. Virginia Certificate of Fact for LOCAL MORTGAGE GROUP, LLC
3. Virginia Article of Corporation for LOCAL MORTGAGE GROUP, LLC
4. IRS EIN Registration
5. **Copy of the \$160 check cashed by Florida Department of State**
6. Cover Letter for registering LOCAL MORTGAGE GROUP, LLC in Florida
7. Application by Foreign LLC for Authorization to transact business in Florida.

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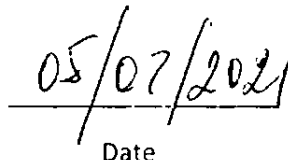
I hope this will satisfy all Florida Department of State Registration requirements for foreign companies.

If you have any questions, please call me at 703-539-2930 or email at info@localmortgagegroup.com.

Respectfully,



Michael Fishman


Date

RECEIVED
MAY 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Local Mortgage Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Fishman

Name of Person

Local Mortgage Group, LLC

Firm/Company

22075 Water Run Ct

Address

Ashburn, VA 20148

City/State and Zip Code

info@localmortgagegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fishman

703

539-2930

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FL

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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. Local Mortgage Group, 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2835018
(FEI number, if applicable)

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

5. 22075 Water Run Ct
(Street Address of Principal Office)
Ashburn, VA 20148

6. 22075 Water Run Ct
(Mailing Address)
Ashburn, VA 20148

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TALLAHASSEE, FL

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

Name: Svetlana Katsnelson

Office Address: 3340 NE 190th Street # 906

Aventura 33180
(City) Florida (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.

DocuSigned by:
[Signature]
7130323C81634B6... (Registered agent's signature)

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 type="checkbox"/> Manager	Name: Michael Fishman	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22075 Water Run Ct	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ashburn, VA 20148	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Owner	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TREASURER
 PALM BEACH, FL

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.

M. Fishman

Signature of an authorized person

Michael Fishman

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Local Mortgage Group, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on December 12, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 19, 2021

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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TALLAMOUNT, VIRGINIA