



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2021

RANDY LAWRENCE
2808 PALUMBO DR
STE 100A
LEXINGTON, KY 40509

SUBJECT: MORTGAGE 24, LLC
Ref. Number: W21000082091

We have received your document for MORTGAGE 24, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 821A00012353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mortgage 24, 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:

Randy Lawrence

Name of Person

Mortgage 24, LLC

Firm/Company

2808 Palumbo Dr Ste 100A

Address

Lexington, KY 40509

City/State and Zip Code

sari.lawrence@mottomortgage.com

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

For further information concerning this matter, please call:

Sari Lawrence

Name of Contact Person

615

Area Code

917-7605

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RECEIVED
 2021 JUN 11 PM 2:07
 CORPORATION DIVISION
 TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 615.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mortgage 24, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. KY
(Jurisdiction in which foreign limited liability company is organized)

3. 83-4350308
(FEI number, if applicable)

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

5. 2808 Palumbo Drive, Ste. 100A
(Street Address of Principal Office)

6. 2808 Palumbo Drive, Ste. 100A
(Mailing Address)

Lexington, KY 40509

Lexington, KY 40509

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

Name: Northwest Registered Agent, LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida, 33702
(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.

Tom Colver
(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):

Title or Capacity: Name and Address:

Manager Name: Randy Lawrence

Member Address: 2308 Palumbo Dr Suite 100A

Authorized Person Lexington, KY 40509

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Manager Name: Sari Lawrence

Member Address: 2308 Palumbo Dr Suite 100A

Authorized Person Lexington, KY 40509

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.

Randy Lawrence
Signature of an authorized person

Randy Lawrence
Typed or printed name of signer

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 247891

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State

Mortgage 24, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 14, 2019 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of June, 2021, in the 230th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
247891/1051875