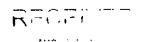
M21000011605

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Danuary Murchay)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

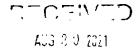
Office Use Only



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08/31/21--01028--006 **160.00





20 4/2/2

COVER LETTER

	Unmortgage LLC				
SUBJEC	Name of Limited Liability Company				
The enclo Existence	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Cand check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ess in Florida.			
Please ret	rn all correspondence concerning this matter to the following:				
	Richard Wicks				
	Name of Person				
	One Rose Consulting, LLC				
	Firm/Company				
	12207 Colony LAkes Blvd.				
	Address				
	New Port Richey, FL 34654	7971 406			
	City/State and Zip Code				
	richard@1-rose.com	30 PH			
	E-mail address: (to be used for future annual report notification)	PH 4:			
For furthe	information concerning this matter, please call:				
	tichard Wicks 727 291-0790 ex:1004				
-	Name of Contact Person Area Code Daytime Telephone Number				
[IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee. FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301				
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE				
	S125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Fee \& \Certificate of Status \\ Certified Copy \\ of Status \& Certified				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINES
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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compa	ny," "L.L.C.," or "LLC.")		_	_	
If name unavailable, enter alternate n	ame adopted for the purpose of fransacting business in Flori	ida. The alternate na	me must include "Limited Liability Co	mpany," "L.l	L.C," or "L.I	.C.")	
DE		83-2869534					
(Junsdiction under the law of w	nich foreign limited liability company is organized)	3(FEI number, if applicable)					
1	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration)		-			
	(See sections 605 0904 & 605 0905, F.S. to determin	ne penalty liability)					
5	rincipal Office)	6	(Mailing Address)			_	
(Street Address of F	Principal Office)		•		2821		
1401 N Wells St 3S		1401 N Wells St 3S		· .		٠٠٠ آيا	
Chicago, IL 60610		Chicago, IL 60610			; 30	2	
						:	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accepta	ble)		PH 4:	,	
•				,- • •			
	One Rose Consulting, LLC						
Name:							
Office Address:	12207 Colony Lakes Blvd.						
Office Address:							
	New Port Richey		34654 , Florida				
	(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.

D . 1

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:	Title or Capacity:		Name and Address:		
Manager	Name: 1140 Collingwood Lane			Name: 4e 17th street		
☐ Member ☐ Authorized	Address:Bolingbrook, IL 60440	■ Member □ Authorized	Address:Lombard, IL 60148			
Person President Other	Other	Person Other		Other		
■Manager	Joseph J. Mashinski Name:	☐ Manager	Name:	· -		
■Member	109 James Street Address:	Member	Address:			
Authorized	Kingston, PA 18704	☐ Authorized		2821		
Person		Person		= 11		
Other	Other	Other		ω		
□Manager	Patrick Jon Shaughnessy Name:	☐ Manager	Name:	P 3		
Member	Address:	Member	Address:	<u> </u>		
Authorized	Chicago,IL 60657	Authorized				
Person		Person				
Other	Other	Other	<u>-</u>	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.





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UNMORTGAGE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

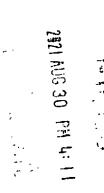
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNMORTGAGE LLC"

WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 203648594

Date: 07-12-21