M21000012815

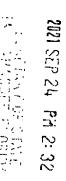
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



500373648465

09/24/21--01028--019 *#130.00



SEP 3.0 2021 M. SOLOMON

COVER LETTER

:

Registration Section

TO:

UBJECT:	RTP Mortgage, LLC			
	Name of Limited Liability Company			
he enclosed xistence, an	"Application by Foreign Limited Liability defects are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifical referenced foreign limited liability company to transact business in Florida.		
ease return	all correspondence concerning this matter	to the following:		
	Katic Llewellyn			
		Name of Person		
	Movement Joint Ventures, LLC			
		Firm/Company		
	575 Lynnhaven Parkway, Ste 100			
		Address		
	Virginia Beach, VA 23452			
		City/State and Zip Code		
	jvteam@movementjv.com			
	E-mail address: (to b	e used for future annual report notification)		
or further in	formation concerning this matter, please ca	di:		
Kati	e Llewellyn	757 343-(1952 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	ling Address: distration Section	Street Address: Registration Section		
_	ision of Corporations	Division of Corporations		
	. Box 6327	The Centre of Tallahassee		
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Talłahassee, FL 32303		
Plea	osed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fee \$130.00 Filing Fe			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

13 1	•	orida. The alternate name must include "Limited Liability Cor	npany." "L. I. U," or "	
Delaware		83-4175608 3		
(Jurisdiction under the law of v	shich foreign limited liability company is organized)	5(FEI number, if applie	cable)	
NA				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)		
245 E Highway 54		575 Lynnhaven Pkwy		
et Address of Principal Office)		6, (Mailing Address)		
Ste 205		Ste 100		
Durham, NC 27713		Virginia Beach, VA 23452		
Name and <u>street addre</u> : Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> acceptable)	7. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
Office Address:	1201 Hays Street			
	Tallahassee (Cay)	32301 Florida	, Dans	

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>	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: William Harris	□Manager	Name: Casey Crawford	
□Member	Address: 575 Lynnhaven Pkwy, Ste 100	□Member	Address: 8024 Calvin Hall Rd	
□Authorized	Virginia Beach, VA 23452	□Authorized	Indian Land, SC 29707	
Person		Person		
□Other	Other	■Other	Other	
□Manager	Name: SUZANNE WEAVER	□Manager	Nume:	
□Member	Address: <u>615 Lynnnaven Pkwy</u>	□Member	Address:	
⊠ Authorized	SHC 100	□Authorized		
Person	Virginia Brach. VA 23451	Person		
□Other	□Other	□Other	Other	
			202) SEP	
□Manager	Name:	□Manager	Name: 77 70 8	٠.
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		i -
Person		Person	32	
□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.

Signature of an authorized person	
suzanne weaver	
Typed or printed name of cineses	

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RTP MORTGAGE, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2021.

Authentication: 204179695

Date: 09-16-21

7347135 8300 SR# 20213263995