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(((H21000382798 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING

Account Number : I20150000056 Phone : (469)688-8441 Fax Number : (972)587-7479

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

kelly@amlicensing.com

Foreign Limited Liability Company Trinity Oaks Mortgage

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

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COVER LETTER

| UBJECT: | rinity Oaks Mortgage, LLC | |
|-----------------------------------|--|---|
| | Nam | e of Limited Liability Company |
| The enclosed ", Existence, and | Application by Foreign Limited Liability check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florid |
| lease return al | I correspondence concerning this matter to | o the following: |
| | Kelly Gaudreau | |
| | | Name of Person |
| | AM Licensing | |
| | | Firm/Company |
| | 805 Country Club Dr | |
| | | Address |
| | Heath, TX 75032 | |
| | C | ity/State and Zip Code |
| | kelly@amlicensing.com | |
| | E-mail address: (to be | e used for future annual report notification) |
| For further info | ormation concerning this matter, please ca | II: |
| Keily | Gaudreau | 903 268-6480 at () |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| | ng Address: stration Section | Street Address: Registration Section |
| Divis | sion of Corporations | Division of Corporations |
| | Box 6327 | The Centre of Tallahassee |
| Talla | hassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | | |
| Enclos | sed is a check for the following amount: make check payable to: FLORIDA DEF | A DEMARKE OF STATE |

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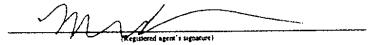
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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: Trinity Oaks Mortgage, 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 "Liunted Liability Company," "LL C," or " 30-0889616 (Iurusdiction under the law of which foreign limited liability company is organized) upon approval 420 Century Way 420 Century Way (Street Address of Principal Office) Suite 100 Suite 100 Red Oak, TX 75154 Red Oak, TX 75154 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee (City)

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.



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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: | Title or Capacity | <u>:</u> | Name and Address: |
|---------------------|--------------------------|-------------------|----------|-------------------|
| □Manager | Name: John H. Houston | □Manager | Name: | |
| ≅ Member | Address: 420 Century Way | □Member | Address: | |
| ≅ Authorized | Suite 100 | □Authorized | | |
| Person | Red Oak, TX 75154 | Person | <u></u> | |
| □Other | Other | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| Other | Other | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | <u></u> |
| Person | | Person | | |
| Other | □Other | □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.

| The grant of | 1.14 | | |
|-----------------|------|-----------------------------------|--|
| | | Signature of an authorized person | |
| John IX Houston | | | |

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

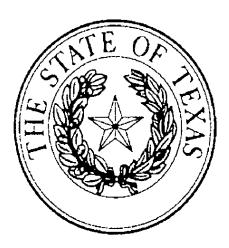
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Trinity Oaks Mortgage, LLC (file number 802232534), a Domestic Limited Liability Company (LLC), was filed in this office on June 11, 2015.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 05, 2021.



Phone: (512) 463-5555

Prenared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1084136730002

Fax: (512) 463-5709 TID: 10264