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 Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800)221-2972  
 Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

2021 NOV 18 PM 3:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company  
 AmeriSave Loans LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 NOV 18 PM 1:43

TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 6593CE6F-E4A2-416F-BF0F-79DEC288919

# 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. AmeriSave Loans 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. DELAWARE 3. 872843223  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3525 PIEDMONT RD NE 6. 3525 PIEDMONT RD NE  
(Street Address of Principal Office) (Mailing Address)  
8 PIEDMONT CENTER, SUITE 600 8 PIEDMONT CENTER, SUITE 600  
ATLANTA, GA 30305 ATLANTA, GA 30305

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

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Office Address: 155 Office Plaza Drive, 1st Fl.

TALLAHASSEE, Florida 32301  
(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.



(Registered agent's signature)

JOSE MOJICA  
ASST. SECY.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: MARKERT FAMILY 2010 IRREVOCABLE TRUST

☒ Member Address: 3525 PIEDMONT RD NE

☐ Authorized 8 PIEDMONT CENTER, SUITE 600

Person ATLANTA, GA 30305

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: ANDREA MARKERT

☒ Member Address: 3525 PIEDMONT RD NE

☐ Authorized 8 PIEDMONT CENTER, SUITE 600

Person ATLANTA, GA 30305

☐ Other ☐ Other

☐ Manager Name: BERTE FAMILY TRUST

☒ Member Address: 3525 PIEDMONT RD NE

☐ Authorized 8 PIEDMONT CENTER, SUITE 600

Person ATLANTA, GA 30305

☐ 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.

DocuSigned by:

  
C76268247C6540F...

Signature of an authorized person

ANDREA MARKERT

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERISAVE LOANS 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERISAVE LOANS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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



6266709 8300

SR# 20213598101

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204495148

Date: 10-25-21