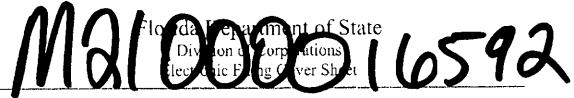
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

Foreign Limited Liability Company Miller Mortgage, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORID, II Miller Mortgage LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "U.C.") (If name unavailable, enter afternate name adopted for the purpose of transacting nessness in Florida. The afternate name must include "Tamited Flability Company," (1.4.C," or "FFC,") 03 058 0822 Massachusetts (TTI number of applicable) Durisdiction under the law of which foreign limited liability company is organized) not applicable (Date livet transacted business in Florida, it provi to registration.) (See sections 603 0004 & 605 0905, F.S. to determine penalty liability). 515 Lowell St., Suite 1 Peabody, MA 01960 515 Lowell St., Suite 1 Peabody, MA 01960 (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

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.

C T Corporation System

(City)

By: Kaity Toon, Asst Secretary

Plantation

(Registered agent's signature)

Page: 4 of 5

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: Christopher J. Miller	Z Manager	Name:
□Member	Address:		Address: 515 Lowell St., Suite 1
■ Authorized	Peabody, MA 01960	■ Authorized	Peabody, MA 01960
Person		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	
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. 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 \$ 817 155, F.S.

Chris Miller					
Signature of an authorized person					
Christopher J. Miller					

To: +18506176383 Page: 5 of 5 2021-12-07 17:04:53 CST 12122023573 From: Lexus Wingo



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: December 03, 2021

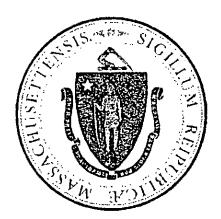
To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

MILLER MORTGAGE LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on February 06, 2006.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Gellein

Certificate Number: 21120100830

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad