

M22000007158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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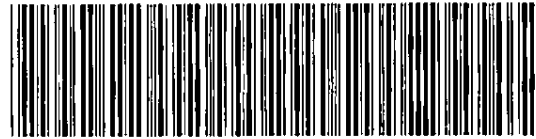
(Business Entity Name)

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**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 05/09/2022  
Acc#I20160000072

*en: c DW*

Name:	Lendlo Mortgage, LLC
Document #:	
Order #:	14316515

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Amount: \$ 155.00

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lendlo Mortgage, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Connie Carlson  
Name of Person

Cornerstone Home Lending, Inc.  
Firm/Company

1177 West Loop South, Suite 700; ATTN: Compliance/Licensing Department  
Address

Houston, Texas 77027  
City/State and Zip Code

licensing@houseloan.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Carlson at ( 713 ) 244-5241  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☒ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Lendlo 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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 3239 N Loop 1604 W, Suite 103  
(Street Address of Principal Office)

San Antonio, Texas 78257

6. 1177 West Loop South, Suite 700  
(Mailing Address)

ATTN: Compliance/Licensing Department

Houston, Texas 77027

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

Denise Bell Asst. Secretary

(Registered agent's signature)

*Denise Bell*

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SECRETARY OF STATE  
FALL PALM BEACH, 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: Thomas Rollins Bell, III

☐ Member Address: \_\_\_\_\_

☐ Authorized 3239 N Loop 1604 W, Suite 300

Person San Antonio, Texas 78257

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Michelle Gonzales

☐ Member Address: \_\_\_\_\_

☐ Authorized 3239 N Loop 1604 W, Suite 300

Person San Antonio, Texas 78257

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Daniel Davison Rice

☐ Member Address: \_\_\_\_\_

☐ Authorized 4058 North College Avenue, Suite 300, Box 9

Person Fayetteville, Arkansas 72703

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Scott Allyn Peters

☐ Member Address: \_\_\_\_\_

☐ Authorized 4058 North College Avenue, Suite 300, Box 9

Person Fayetteville, Arkansas 72703

☐ 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:



Signature of authorized person

Michelle Gonzales

Typed or printed name of signer

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



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lendlo Mortgage, LLC (file number 804084731), a Domestic Limited Liability Company (LLC), was filed in this office on May 26, 2021.

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

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 May 06, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott  
Secretary of State