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S. ROBERTS
JUN 1 7 2022

COVER LETTER

Bond Mortgage, LLC IECT:	
	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
e return all correspondence concerning this matter	to the following:
Kelli McMurran	
**************************************	Name of Person
First Community Mortgage, Inc	
	Firm/Company
262 Robert Rose Drive	
	Address
Murfreesboro, TN 37129	
	City/State and Zip Code
licensing@fcmpartners.com	
E-mail address: (to	be used for future annual report notification)
urther information concerning this matter, please c	all:
Kelli McMurran	615 398-2833 at ()
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEX, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	onda. The alternate r	same must include "Lumted Liabilit	y Company," "L.I	. C," or "L	l C "i
Tennessee 2. (Durisdiction 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 r (See sections 605 0904 & 605 0005, F.S. to determin	egistration) ne penalty liability)		_		
5. (Street Address of Principal Office)	·	6	Sailing Address)			
1111 N. Maple Street		262 R	obert Rose Drive	(2:	
Murfreesboro, TN 371	30	Murtre	resboro, TN 37129	TALL	22 JUH	b
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	MASSE	17 PH	
Name:	Universal Registered Agents, TNC.				PH 1:30	****
Office Address:	1317 California Street			,		
	Tallahassee		32304 , Florida			
	(Cuy)		(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)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Phillip Cantrell Name: Keith Canter □ Manager □Manager Address: Address: **≣**Member ■Member 318 Seaboard Street Suite 115 262 Robert Rose Drive □ Authorized □ Authorized Franklin, TN 37067 Murfreesboro, TN 37129 Person Person Other___ □Other____ □Other □Other ____ Christine Cundiff Dan Smith □Manager □Manager Address: ■Member ■Member Address: 262 Robert Rose Drive 3490 Piedmont Road NE Suite 1350 □ Authorized □ Authorized. Murfreesboro, TN 37129 Atlanta, GA 30305 Person Person □Other____ □Other_ □Other_____ ⊡Other Name: Amanda Cantrell Name: Kevin Harden □Manager □Manager **■**Member □ Member Address: Address: _____ 318 Seaboard Lane Suite 115 2500 21st Avenue South Suite 102 □ Authorized □ Authorized Nashville, TN 37212 Franklin, TN 37067 Person Person President -Not a board member

☐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. Christins Cundiff

Typed or printed name of signee

Christine Cundiff



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

KELLI MCMURRAN

275 ROBERT ROSE DRIVE MURFREESBORO, TN 37129 June 13, 2022

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/13/2022

Request #:

0480138

Copies Requested:

Document Receipt

Receipt #: 007297342

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3830862839

\$20.00

Regarding:

Bond Mortgage LLC

Filing Type:

Limited Liability Company - Domestic

Control # :

875221

Formation/Qualification Date: 11/16/2016

Date Formed:

11/16/2016

Active Status:

Formation Locale: TENNESSEE

Duration Term:

Verification #: 054254527

Perpetual

Inactive Date:

Business County: RUTHERFORD COUNTY

CERTIFICATE OF EXISTENCE

1. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Bond Mortgage LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State:
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Phone (615) 741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/