

M220000012102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

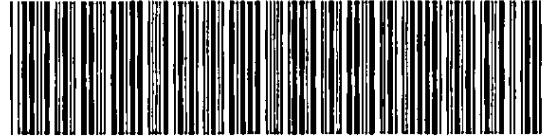
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/25/22--01944--005 **160.00

2022 JUL 25 PM 3:53

S. ROBERTS

JUL 25 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lennox Mortgage Group 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:

Richard Wicks

Name of Person

One Rose Consulting, LLC

Firm/Company

132 Hines Dr

Address

Four Oaks, NC 27524

City/State and Zip Code

john@lennoxmortgagegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Wicks

727

291-0790 ext 1004

at (_____) _____

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. Lennox Mortgage Group 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. CT 3. 87-4372936
(Jurisdiction under the law of which foreign limited liability company is organized) (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. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

424 Main St. Ste 3

6 Maple Drive

Watertown, CT 06795

Prospect, CT, 06712

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

Name: One Rose Consulting, LLC

Office Address: 12207 Colony Lakes Blvd

New Port Richey 34654
(City) Florida (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)

FILED
2022 JUL 25 PM 3:53
CLERK OF CIRCUIT COURT
JUL 25 2022

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: John Schwarzkopf III

☒ Member Address: 26 Maple Drive

☐ Authorized Prospect, CT, 06712

 Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

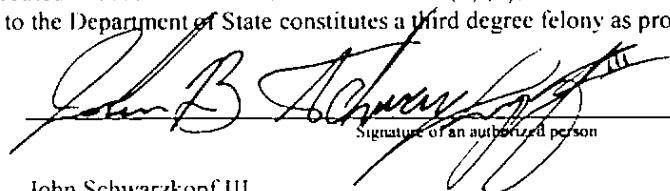
 Person _____

☐ 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.



Signature of an authorized person

John Schwarzkopf III

Typed or printed name of signee

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

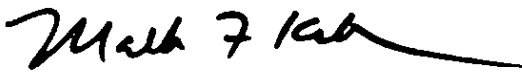
Date Issued: July 19, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

| | |
|----------------|---------------------------|
| Business Name | Lennox Mortgage Group LLC |
| Business ALEI | US-CT.BER:2421319 |
| Formation Date | 01/11/2022 |



Secretary of the State



Secretary of the State of Connecticut Acceptance Notice

John Schwarzkopf

Date: 7/19/2022 11:09:53 AM

This letter is to confirm the acceptance of the following request. This is not a bill:

Transaction Details

Business Name: Lennox Mortgage Group LLC
Business ID (ALEI): US-CT.BER:2421319
Type of Request: Certificate of Legal Existence

Work Order Number: W-0000642519
Date Received: 7/19/2022 11:07:30 AM

Payment Details

Total Payment Received: \$50.00
Filing Fee: \$50.00
Payment Deducted: \$50.00

Thank you,

Business Services Division
165 Capitol Ave, P.O. Box 150470
Hartford, CT 06115-0470
crd@ct.gov
Business.CT.gov