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COVER LETTER

TO: **Registration Section Division of Corporations**

Pegasus Loan Pros, LLC

SUBJECT:

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:

		Name of Person
		Name of Ferson
Pegasus Loa	n Pros, LLC	
		Firm/Company
2414 Spotsw	ood	
		Address
Longmont, C	CO 805 0 4	
	C	City/State and Zip Code
Samantha@pe	gasusloanpros.com	
Samantha@pe 		e used for future annual report notification)
	E-mail address: (to be	e used for future annual report notification)
	E-mail address: (to be	11: 248 444-0906
er information concerr Samantha Morris	E-mail address: (to be	11:
er information concerr Samantha Morris Name <u>Mailing Address:</u>	E-mail address: (to be ning this matter, please cal e of Contact Person	11: 248 444-0906 at ()
er information concerr Samantha Morris Nam <u>Mailing Address:</u> Registration Sectio	E-mail address: (to be ning this matter, please ca e of Contact Person	II: at (248) 444-0906 Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section
er information concerr Samantha Morris Name <u>Mailing Address:</u> Registration Sectio Division of Corpor	E-mail address: (to be ning this matter, please ca e of Contact Person	II: at () <u>444-0906</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations
er information concerr Samantha Morris Name Mailing Address: Registration Sectio Division of Corpor P.O. Box 6327	E-mail address: (to be ning this matter, please cal e of Contact Person n rations	ll: at (248) 444-0906 Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee
er information concerr Samantha Morris Name <u>Mailing Address:</u> Registration Sectio Division of Corpor	E-mail address: (to be ning this matter, please cal e of Contact Person n rations	II: at (<u>)</u> <u>444-0906</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations

APPLICATION BY FOREIGN LIMITEÐ 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Pegasus	Loan	Pros.	LLC
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(if name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited	Liability Company," "L	"L_C," or "LLC.")
Colorado 2 (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI nur	nber, if applicable)	
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)		
2414 Spotswood St 5. (Street Address of Principal Office)		2414	Spotswood St Mailing Address)	<u> </u>	
Longmont, CO 80504	· - • · ·	Long	mont, CO 80504		
				0,3	2022
7. Name and street addres	<u>is</u> of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)		AUC - 1 A
Name:	Registered Agents Inc.		_		ан 9: 1
Office Address:	7901 4th St N, STE 300		_		۲
	St. Petersburg		33702 _ , Florida		
	(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.

Beet

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	<u>N:</u>	ame and Address:
□Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
□Authorized	Rochester Hills, MI 48307	□Authorized		
Person		Person		
Other	①Other	□Other	🗆	Other
□Manager	Stephanie Reicherts	□Manager	Name:	
Member	Address: 2414 Spotswood St	□Member	Address:	
□Authorized	Longmont, CO 80504	Authorized		
Person		Person		
□Other	Other	□Other	0	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		
Person		Person		
[]Other	DOther	DÖther	D	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.

Signature of an authorized person

Samantha Morris

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pegasus Loan Pros, LLC

is a

Limited Liability Company

formed or registered on 06/20/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221596433.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/25/2022 that have been posted, and by documents delivered to this office electronically through 07/26/2022 @ 14:58:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/26/2022 @ 14:58:02 in accordance with applicable law. This certificate is assigned Confirmation Number 14191006



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, http:// www.sos.state.co.us/click "Businesses, trademarks, trade names" and velect "Frequently Asked Questions."