

M22000012282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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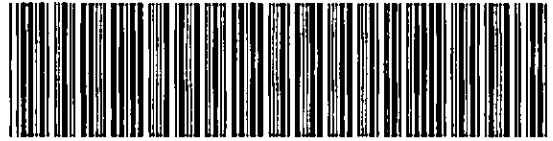
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/22--01023--003 **125.00

2022-03-11:23

S. FRANKLIN

AUG - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seasons 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:

Josh Beeson

Name of Person

Seasons Mortgage, LLC

Firm/Company

19 Hawk Ridge Circle, Ste A

Address

Lake St. Louis

MO

63367

City/State and Zip Code

jbeeson@seasonsmortgageco.com

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

For further information concerning this matter, please call:

Josh Beeson

Name of Contact Person

at ()

(303) 717-9805

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

2022-03-11 1:33

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. Seasons Mortgage, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 88-2087454
(FEI number, if applicable)

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

5. 19 Hawk Ridge Circle, Ste A
(Street Address of Principal Office)

6. 19 Hawk Ridge Circle, Ste A
(Mailing Address)

Lake St. Louis MO 63367

Lake St. Louis MO 63367

2022-11-23 PM 1:23

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

Name: Registered Agents Inc

Office Address: 7901 4th St. N STE 300

St. Petersburg, Florida 33702
(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.

Bill Hume
(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:**

☐ Manager Name: Josh Beeson

☒ Member Address: 19 Hawk Ridge Circle, Ste A

☐ Authorized Lake St. Louis MO 63367

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: JENNIFER THOMPSON

☒ Member Address: 8429 NELSON DR

☐ Authorized ARVADA, CO 80005

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: MATTHEW LEIGH

☒ Member Address: 6463 QUARTZ CIR

☐ Authorized ARVADA, CO 80007

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: TONYA-MARIE TOWLES

☒ Member Address: 2941 CRAGBURN PL

☐ Authorized FAYETTEVILLE, NC 28306

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

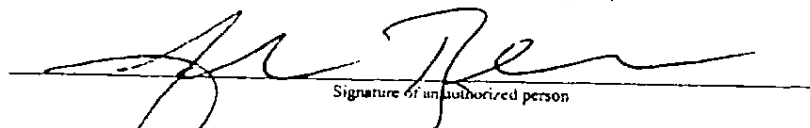
Person _____

☐ 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
Josh Beeson
 Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

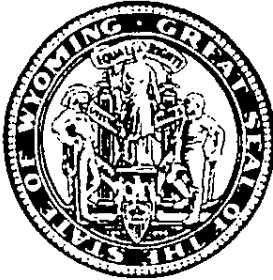
I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


Seasons Mortgage, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 14, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001103784**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of August, 2022 at 9:09 AM. This certificate is assigned ID Number 054190117.




Secretary of State

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