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COVER LETTER

TO:

Registration Section Division of Corporations

		Name o	f Limited Liability Company	
			mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Floric	
Please return al	l correspondence concerning this m	atter to th	ne following:	
	Stephen Gikas			
			Name of Person	
	LOANVISION MORTGA	GE LL	.C	
			Firm/Company	
	876 Horace Brown Dr	ive		
			Address	
	Madison Heights	MI	48071	
		City	/State and Zip Code	
	stephengikas@gmail.com	·		
For further into	E-mail address: rmation concerning this matter, plea		sed for future annual report notification)	
r or rainer into	imation concerning this matter, pres	ise can.		
Ste	phen Gikas		at () (248) 686-6488	
	Name of Contact Person		Area Code Daytime Telephone Number	
Mailing Address:			Street Address:	
Registration Section			Registration Section	
			Division of Corporations	
			The Centre of Tallahassee	
Tallahassee, FL 32314 Tallahassee, FL 32303		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	sed is a check for the following amo			
	make check payable to: FLORIDA 5.00 Filing Fee \$130.00 Fili			
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

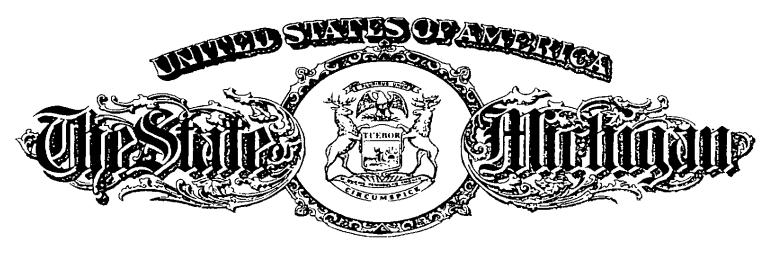
IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC	0.7)
f name unavailable, enter alternate name adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limit	ted Liability Company," "L.L.C," or "LI.C,"
MI	3. 88-2277968	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI	number, if applicable)
N/A		
(Pate first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration) trunne penalty liability)	
876 Horace Brown Drive (Street Address of Principal Office)	6. 876 Horace Brow	vn Drive
(Street Address of Principal Office)	(Mailing Address)	
Madison Heights MI 48071	Madison Heights MI	-: 48071
		022 (
7. Name and <u>street address</u> of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)	ILED
Name: Registered Agents Inc	····	1: 32
Office Address: 7901 4th St. N STE 30	00	
St. Petersburg	, Florida 337	702
(City)	(Zip cox	de)
Registered agent's acceptance: laving been named as registered agent and to accept service of lesignated in this application, I hereby accept the appointment to comply with the provisions of all statutes relative to the prop and accept the obligations of my position as registered agent	t as registered agent and agree to t	act in this capacity. I further a

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: Title or Capacity: Name and Address: Name: Stephen Gikas Name: James Balasis □Manager □Manager Address: _ 876 Horace Brown Drive Address: 876 Horace Brown Drive Member **M**Member Madison Heights MI 48071 48071 Madison Heights MI ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ Other □Other Name: Nikolaos Moschouris Name: □Manager Address: _____ Address: 876 Horace Brown Drive Member ☐ Member ☐ Authorized □ Authorized Madison Heights MI 48071 Person Person Other □Other_____ Other ____ Other____ Name: ______ ☐Manager □Manager Name: Address: □Member Address: ☐ Member □Authorized Authorized Person Person □Other __ □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. Signature of an authorized person

Stephen Gikas

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

LOANVISION MORTGAGE LLC

was validly authorized on May 12 , 2022, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 22090994003

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of September , 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.