Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## Foreign Limited Liability Company The Practical Mortgage Solution LLC

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Certified Copy	0
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Estimated Charge	\$125.00

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Help

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			Tompany," "L.L.C," or "
South Carol		<sub>3.</sub> 92-1567502	
Durisdiction under the law of v	thich foreign limited hability company is organized)	(FL) number, if app	șlicable)
******			
	(Date first transacted business in Florida, it prior to tisse sections 605,0004 & 605,0005, F.S. to determine	registration ( one penalty liability)	
1974 Carolina	Place Dr 200f	6. PO Box 233 (Mailing Address)	
cet Address of Principal Office)	<del></del>	(Mailing Address)	
Fort Mill, SC 29	9708	Fort Mill, SC 29716	
			,
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2
			2023 Jan 27
			,
Name	Registered Agents Inc		LF.
Name:			· · · · · · · · · · · · · · · · · · ·
Name: Office Address:	Registered Agents Inc 7901 4th St N STE 300		•
			) • • • • • • • • • • • • • • • • • • •

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.

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: Name and Address: Name: Arnold, Neil Name: Habeeb, Joshan □ Manager □ Manager Address: \_ XMember **X**Member 1974 Carolina Place Dr 200f 1974 Carolina Place Dr 200f □ Authorized □ Authorized Fort Mill, SC 29708 Fort Mill, SC 29708 Person Person □Other\_\_\_\_ □Other □ Other □ Other □ Manager Name: □Manager Name: Address: Address: □ Member □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ ○Other □ Manager □ Manager Name: Name: Address: Address: □ Member □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 Robin Jones

Typed or printed name of signee

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

The Practical Mortgage Solution LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 3rd, 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of February, 2023.

Mark Hammond, Secretary of State