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(Requestor's Name)			
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S. FRANCLIN AFR 2 1 2023 TO:

COVER LETTER

ј ЕСТ	Reserve Home Loans, LLC	
JEC 1		Jame of Limited Liability Company
		ity Company for Authorization to Transact Business in Florida," Certificative referenced foreign limited liability company to transact business in Fl
se retur	n all correspondence concerning this matt	er to the following:
	Suzanne Weaver	
		Name of Person
	Movement Joint Ventures, LLC	
		Firm/Company
	575 Lynnhaven Parkway, Ste 100	
		Address
	Virginia Beach, VA 23452	APR-
		City/State and Zip Code
	jvteam@movementjv.com	o be used for future annual report notification)
	E-mail address: (to	o be used for future annual report notification)
further	information concerning this matter, please	e call:
Sı	ızanne Weaver	757 453-3830 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ailing Address:	Street Address:
	egistration Section ivision of Corporations	Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	iclosed is a check for the following amoun	
D1.	ease make check payable to: FLORIDA D	

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:

Reserve Home Loans, (Name of Foreign	LLC 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 Flor	ida. The alternate name must include "Limited Liability	v Company " "LLC " or "LLC ")		
DE	make adopted for the purpose of that satting obstitess in thou	92-3227567			
2	hich foreign limited liability company is organized)	3. (FEI number, if			
N/A					
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.)	_		
575 Lynnhaven Pkwy 5.		6. (Mailing Address)			
(Street Address of Principal Office)		(Mailing Address)			
Virginia Beach, VA 23	452	Virginia Beach, VA 23452	203		
			3APR + 5		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	# 8: 22 8: 22		
Name:	Corporation Service Company		22 Ft.		
Office Address:	1201 Hays Street				
	Tallahassee	32301, Florida(Zip code)	_		
	(City)	(Zip code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in th	is capacity. I further agree		
	Constance C Espe (Registered agent's sig	nlaub	_		

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:
■Manager	Name: William Harris	□Manager	Name: Casey Crawford
□Member	Address: 575 Lynnhaven Pkwy Ste 100	□Member	Address: 8024 Calvin Hall Road
□Authorized	Virginia Beach, VA 23452	□Authorized	Indian Land, SC 29707
Person		Person	
Other	Other	■Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 575 Lynnhaven Pkwy Ste 100	□Member	Address:
Authorized	Virginia Beach, VA 23452	□Authorized	
Person		Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
□Other	Other	□Other	Other PR
□Manager	Name:	□Manager	Name: 00 -
□Member	Address:	□Member	Address: 8: 77 72
□Authorized		□Authorized	- 1E 2
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. 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RESERVE HOME LOANS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2023.





Authentication: 203046704

Date: 03-30-23