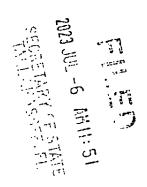
# 

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	fficer:
<del></del>	





07/08/23--01033--003 +\*125.00





### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	.cr. Modern Home Mortgage L	LC				
		f Limit	ed Liability C	Company		
	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above refe					
Please i	return all correspondence concerning this matter to th	e follo	wing:			
	Art Cruz					
	1	Name o	of Person			
	Modern Home Mort	tga	ge			
Firm/Company						
6135 Poplar Spring Dr.						
		Ado	iress			
	Peachtree Corners	Ge	orgia	30092		
	·		nd Zip Code			
	sherryupp@bellsout					
	E-mail address: (to be use	ed for t	uture annual	report notification)		
ror nirt	her information concerning this matter, please call:					
	Sherry Upp	at (	678	, <del>772-9755</del>		
	Name of Contact Person		Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations		
Registration Section			Registration Section			
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		
	Tananassee, TE 32314			Tallahassee, FL 32301		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR	TMFN	T OF STAT	'r		
	S125.00 Filing Fee S130.00 Filing Fee Certificate of St	&		Filing Fee & S160.00 Filing Fee,		

# 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:

۱.	Modern Home	Mortgage LLC					
		Imited Clability Company; must include "Limitone Mortgage Flori		r "LLC.")			
ıŗ		ame adopted for the purpose of transacting business in E	<u>-</u>	imited Liability Com	pany," "L.L	.C." or "L	.LC.")
2.	Georgia		3.				
•	(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	_	(FEI number, if appl	icable)		_
1	NA						
Τ,	<del>.</del>	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty liability)				
5	1095 Old Ro	swell Rd. Suite F	6135 Popla	ar Spring	g Dr.		
•	(Street Address of P	Principal Office)	(M	ailing Address)	-		<u> </u>
	Roswell, G	Sa 30076	Peachtree (	Corners,	Ga 30	0092	2
			<del></del>		-		<del></del>
					C2	202	_
7.	Name and street addres	<u>s</u> of Florida registered agent: (P.O. Bo	ox NOT acceptable)			IIJE	
-	<u></u>	<u> </u>	<u></u>		겉됐	<u>-</u> 6	Carrers Carrers
	Name:	Registered Agen	ts Inc.		7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7		
	runic.	7901 4th St N S	TE 200		- 는데	VH II: 2	
	Office Address:	7901 4til 3t N 3	1 = 300			5	
		St. Petersburg	, Florida 3	3702			
		(City)	, 1 10010da	(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.

Bee Have
(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: Name and Address: Name: Arturo Cruz Name: \_\_\_\_ **M**anager Manager Address: 6135 Poplar Spring Dr ☐ Member ☐ Member Address: Peachtree Corners, Ga Authorized Authorized Person Person Other\_\_\_\_\_ Other\_\_\_ Other Other\_ Manager Manager Name: Name: \_\_\_\_\_ Member Address: \_\_\_\_ ☐ Member Address: \_\_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ ■ Manager Manager Manager Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person  $\square$ 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 gonstitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Arturo Cruz

• • • • • • •

Control Number: 22061440

## STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I. **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Modern Home Mortgage LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25600277 Date Inc/Auth/Filed: 03/17/2022 Jurisdiction : Georgia Print Date : 06/26/2023

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State