

M24 0000 00795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

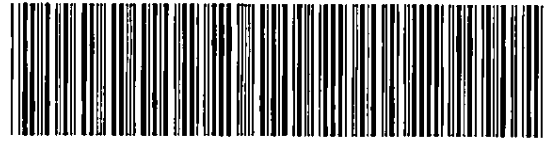
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 DEC 19 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

S. ROBERTS

JAN 24 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RTP National 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:

Suzanne Weaver

\_\_\_\_\_  
Name of Person

Movement Joint Ventures, LLC

\_\_\_\_\_  
Firm/Company

575 Lynnhaven Pkwy, STE 100

\_\_\_\_\_  
Address

Virginia Beach, VA 23452

\_\_\_\_\_  
City/State and Zip Code

admin@rtpnational.com

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

For further information concerning this matter, please call:

Katie Llewellyn

757

343-0952

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

**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. RTP National Mortgage, LLC  
(Name of Foreign 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 92-3477348  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

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

5. 245 E Highway 54, Ste 101 6. 575 Lynnhaven Pkwy, Ste 100  
(Street Address of Principal Office) (Mailing Address)  
Durham, NC 27713 Virginia Beach, VA 23452

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) (Zip code)  
\_\_\_\_\_, Florida

**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.*

Constance C Epenlaub  
(Registered agent's signature)

**FILED**  
**2023 DEC 19 PM 12:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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: William Harris

☐ Member              Address: 575 Lynnhaven Pkwy Ste 100

☐ Authorized              Virginia Beach, VA 23452

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

☒ Manager              Name: Suzanne Weaver

☐ Member              Address: 575 Lynnhaven Pkwy Ste 100

☐ Authorized              Virginia Beach, VA 23452

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.

Suzanne Weaver

Signature of an authorized person

Suzanne Weaver

Typed or printed name of signer


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "RTP NATIONAL MORTGAGE, 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 FOURTH DAY OF OCTOBER, A.D. 2023.



  
Jeffrey W. Bullock, Secretary of State

7405530 8300

SR# 20233648040

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204309674

Date: 10-04-23