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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING
Account Number : 120150000056
Phone : (469)688-8441
Fax Number : (972)587-7479

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

Email Address: lauren@amlicensing.com

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SECRETARY OF STATE
TALLAHASSEE, FL

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2024 MAR 25 PM 12:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Alliance Mortgage Finance, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alliance Mortgage Finance, 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:

Lauren Kinney

Name of Person

American Mortgage Licensing

Firm/Company

805 Country Club Dr.

Address

Heath, TX 75032

City/State and Zip Code

lauren@amlicensing.com

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

For further information concerning this matter, please call:

Lauren Kinney

214

264-2138

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. Alliance Mortgage Finance, 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. New Jersey 3. 11371-4073
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 900 Oak Tree Road 6. 900 Oak Tree Road
(Street Address of Principal Office) (Mailing Address)
Suite B Suite B
South Plainfield, NJ 07080 South Plainfield, NJ 07080

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

Name: Registered Agent Solutions, Inc.
Office Address: 2894 Remington Green Ln. Ste A
Tallahassee 32308
(City) Florida (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.


(Registered agent's signature)

FILED
2024 MAR 25 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FL

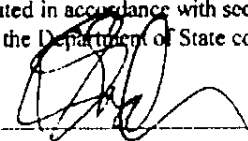
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Kamlesh Shah	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 900 Oak Tree Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite B	<input type="checkbox"/> Authorized	_____
Person	South Plainfield, NJ 07080	Person	_____
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Krunal Shah	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 900 Oak Tree Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite B	<input type="checkbox"/> Authorized	_____
Person	South Plainfield, NJ 07080	Person	_____
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Mina Shah	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 900 Oak Tree Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite B	<input type="checkbox"/> Authorized	_____
Person	South Plainfield, NJ 07080	Person	_____
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person
 Krunal Shah

 Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**ALLIANCE MORTGAGE FINANCE, LLC
0600194604**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 01, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*KRUNAL SHAIH
900 OAK TREE ROAD
SUITE B
SOUTH PLAINFIELD, NJ 07080*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
21st day of March, 2024*

*Elizabeth Maher Munio
State Treasurer*

Certificate Number : 6151916359

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp