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COVER LETTER

TO:		tion Section of Corporations				
SUBJE		egate Mortgage, LLC				
Name of Limited Liability Company						
The en Exister	iclosed "App nee, and che	olication by Foreign Limited Liability Cor ck are submitted to register the above refe	npany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida,			
Please	return all co	orrespondence concerning this matter to the	ne following:			
		Dylan Harrison				
	•		Name of Person			
	Rosegate Mortgage, LLC					
	•		Firm/Company			
	11225 North Community House Road 8th Floor Address					
	Charlotte, North Carolina 28277					
	City/State and Zip Code compliance@rosegate.com					
	_	E-mail address: (to be us	ed for future annual report notification)			
For fur	rther inform	ation concerning this matter, please call:				
	Dylan Harrison		704 301-1661			
		Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address: Registration Section		Street Address: Registration Section			
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee			
			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Please m	is a check for the following amount: ake check payable to: FLORIDA DEPAF 00 Filing Fee \$\Bar{\text{\$\subset\$}}\$\$ \$\$130.00 Filing Fee & Certificate of S	2 □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate r	same adopted for the purpose of transacting business in Flo	irida. The alte	rnate name must include "Limited Liability	Company," "L.L.C," or "Lt.9
North Carolina			5-2381508	
(Jurisdiction under the law of w	hich toreign limited liability company is organized)	J	(Fl:1 number, if a	applicable)
02/01/2024				
	(Date first transacted business in Florida, it prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration) ne penalty Ital	olity)	_
11225 North Commun		11225 North Community House Road		
reet Address of Principal Office)		0	(Mailing Address)	
8th Floor		8t	h Floor	~ 3
Charlotte, NC 28277		C —	624	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	د
Name:	URS AGENTS, LLC			; 10
Office Address:	3458 Lakeshore Drive			
	Tallahassee		32312 , Florida	
	(City)		(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)

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:	□Manager	Name: Nicholas Boardman
□Member	Address: 5345 Murrayhill Road	■Member	Address: 5103 Hyannis Court
■Authorized	Charlotte, North Carolina 28210	■Authorized	Matthews, North Carolina 28104
Person		Person	
□Other	Other	□Other	Other
■Manager	Name: Charles Bradley	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Charlotte, North Carolina 28207	□Authorized	
Person		Person	
□Other	Other	□Other	Other
⊐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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.

Nicholas Boardman

Typed or printed name of signce



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ROSEGATE MORTGAGE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 5th day of August, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2024.

6 laine J. Marshall

Secretary of State

Certification# 119367310-1 Reference# 21156418- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification