

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUL 31 PM 4:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2024

JAMES R ELKINS  
805 CALISTA RD  
WHITE HOUSE, TN 37188 US

SUBJECT: WHOLESALE MORTGAGE GROUP, LLC  
Ref. Number: W24000103514

We have received your document for WHOLESALE MORTGAGE GROUP, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 024A00015564

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WHOLESALE MORTGAGE GROUP, 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:

JAMES R ELKINS

Name of Person

WHOLESALE MORTGAGE GROUP, LLC

Firm/Company

805 CALISTA RD

Address

WHITE HOUSE, TN 37188

City/State and Zip Code

ELKINSJIM@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES ELKINS

615

881-6927

Name of Contact Person

at ( )

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. WHOLESALE MORTGAGE GROUP, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

WMG MORTGAGE, 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. STATE OF TN  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. NO BUSINESS TRANSACTED  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 805 CALISTA RD  
(Street Address of Principal Office)

6. 805 CALISTA RD  
(Mailing Address)

WHITE HOUSE, TN 37188

WHITE HOUSE, TN 37188

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

Name: REGISTERED AGENTS INC

Office Address: 7901 4TH ST N #21584

ST. PETERSBURG, Florida 33702  
(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.

David Roberts

(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: JAMES R ELKINS	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 805 CALISTA RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	WHITE HOUSE, TN 37188	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: TYLER J ELKINS	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 129 GREEN ACRES RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	COTTONTOWN, TN 37048	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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

JAMES R ELKINS  
\_\_\_\_\_  
Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**JIM ELKINS**  
JIM ELKINS  
805 CALISTA ROAD  
WHITE HOUSE, TN 37188

July 24, 2024

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0593743

**Issuance Date:** 07/24/2024  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 009146477 **Filing Fee:** \$20.00  
**Payment-Credit Card - State Payment Center - CC #:** 3878447767 **\$20.00**

**Regarding:** WHOLESALE MORTGAGE GROUP, LLC  
**Filing Type:** Limited Liability Company - Domestic **Control #:** 1535705  
**Formation/Qualification Date:** 04/26/2024 **Date Formed:** 04/26/2024  
**Status:** Active **Formation Locale:** TENNESSEE  
**Duration Term:** Perpetual **Inactive Date:**  
**Business County:** ROBERTSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**WHOLESALE MORTGAGE GROUP, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

**Verification #: 068843836**