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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

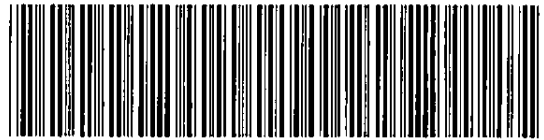
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/29/24--01016--007 \*\*125.00

01-01-24 09:00:00  
01-01-24 09:00:00



**Matthew C. Hess**  
[mhess@bhvzlaw.com](mailto:mhess@bhvzlaw.com)

P.O. Box 844  
2819 Ring Road, Suite 101  
Elizabethtown, KY 42702-0844  
Tel: (270) 765-4196  
Fax: (270) 737-4790

August 28, 2024

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Foreign LLC Registration – New Beginnings Mortgage Group, LLC**

Dear Registration Section:

We are enclosing herewith the Application by Foreign Limited Liability Company to Transact Business in Florida, for filing with your office. Also enclosed is our check for \$125.00 payable to Florida Department of State for the filing fee.

Very Truly Yours,

BELL, HESS & VAN ZANT, P.L.C.

Matthew C. Hess

MCH:ikm

Enclosure

**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. New Beginnings Mortgage Group 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. Kentucky 3. 99-4620128  
(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. 2832 Shepherdsville Road 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Elizabethtown KY 42701

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

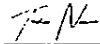
Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

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.*

  
(Registered agent's signature)

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NOTARIAL SEAL

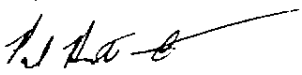
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Paul Bradley Chambliss	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2832 Shepherdsville Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Elizabethtown KY 42701	<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 _____
 <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  
Paul Bradley Chambliss  
\_\_\_\_\_  
Typed or printed name of signee

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 318016

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**NEW BEGINNINGS MORTGAGE GROUP, LLC**

NEW BEGINNINGS MORTGAGE GROUP, LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 7, 2024 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26<sup>th</sup> day of August, 2024, in the 233<sup>rd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
318016/1384931



**Michael G. Adams**  
**Secretary of State**

**Certificate**

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF ORGANIZATION OF

NEW BEGINNINGS MORTGAGE GROUP, LLC FILED AUGUST 7, 2024.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of August, 2024.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
kdcoleman/1384931 - Certificate ID: 318153

Approved by KY DFI  
08/06/2024  
/s/ Sara Smith  
Examiner I

<b>1384931.06</b>	bmarkey ADD
Michael G. Adams Kentucky Secretary of State Received and Filed: 8/7/2024 9:18 AM Fee Receipt: \$40.00	

ARTICLES OF ORGANIZATION  
OF  
NEW BEGINNINGS MORTGAGE GROUP, LLC

The undersigned, **Paul Bradley Chambliss**, executes these Articles of Organization for the purpose of forming, and does hereby form, a Limited Liability Company under KRS Chapter 275 of the Commonwealth of Kentucky in accordance with the following provisions.

**ARTICLE I**

The name of the Limited Liability Company is **New Beginnings Mortgage Group, LLC**.

**ARTICLE II**

The mailing address and the street address of the initial registered office of the limited liability company in the Commonwealth of Kentucky is: 2832 Shepherdsville Road, Elizabethtown, Kentucky 42701.

**ARTICLE III**

The principal office address for the company shall be 2832 Shepherdsville Road, Elizabethtown, Kentucky 42701.

**ARTICLE IV**


The initial registered agent at 2832 Shepherdsville Road, Elizabethtown, Kentucky 42701 is **Paul Bradley Chambliss**.

**ARTICLE V**

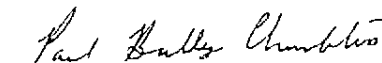
The affairs of the Limited Liability Company are to be managed by its members subject to the provisions of its Operating Agreement.

WHEREFORE, these Articles are executed and acknowledged by the undersigned, at the offices of Bell, Hess & Van Zant, P.L.C., 2819 Ring Road, Elizabethtown, Kentucky, 42701, this 25<sup>th</sup> day of July 2024.

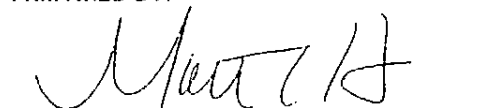
ORGANIZER:

  
\_\_\_\_\_  
PAUL BRADLEY CHAMBLISS

The undersigned hereby consents to serve as the initial registered agent for New Beginnings Mortgage Group, LLC, as of this 25<sup>th</sup> day of July 2024.

  
\_\_\_\_\_  
PAUL BRADLEY CHAMBLISS  
Registered Agent

PREPARED BY:

  
\_\_\_\_\_  
Matthew C. Hess, Attorney at Law  
BELL, HESS & VAN ZANT, P.L.C.  
2819 Ring Road, Suite 101  
P. O. Box 844  
Elizabethtown, KY 42702-0844





FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

**The fees to register are as follows:**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

**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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New Beginnings 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:

Paul Bradley Chambliss

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

New Beginnings Mortgage Group, LLC

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

2832 Shepherdsville Road

\_\_\_\_\_  
Address

Elizabethtown KY 42701

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

bechambliss@priorityapproval.com

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

For further information concerning this matter, please call:

Matthew C. Hess

270

765-4196

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