

10/24/24, 12:56 PM

Division of Corporations

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 : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (614)573-3996

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

Email Address: ben@securityhomemortgage.com

**Foreign Limited Liability Company  
 Security Home Mortgage, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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# 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. Security Home Mortgage, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Utah

01-0531459

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (LLC 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.)

576 South State Street

576 South State Street

(Street Address of Principal Office)

6. (Mailing Address)

Orem, UT 84058

Orem, UT 84058

801-764-0111

801-764-0111

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By: Eric Jensen, Assistant Secretary

(Registered agent's signature)

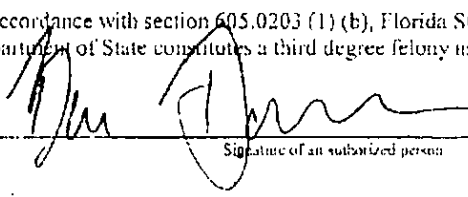
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Ben Davis</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kirsten Simmons</u>
<input type="checkbox"/> Member	Address: <u>576 South State Street</u>	<input type="checkbox"/> Member	Address: <u>576 South State Street</u>
<input type="checkbox"/> Authorized	<u>Orem, UT 84058</u>	<input type="checkbox"/> Authorized	<u>Orem, UT 84058</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jon Chamberlain</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Charles Green</u>
<input type="checkbox"/> Member	Address: <u>576 South State Street</u>	<input type="checkbox"/> Member	Address: <u>576 South State Street</u>
<input type="checkbox"/> Authorized	<u>Orem, UT 84058</u>	<input type="checkbox"/> Authorized	<u>Orem, UT 84058</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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.317.135, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Ben Davis  
 \_\_\_\_\_  
 Typed or printed name of signer



SPENCER J. COX  
Governor

DEIDRE M. HENDERSON  
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE  
Division of Corporations and Commercial Code

MARGARET W. BUSSE  
Executive Director

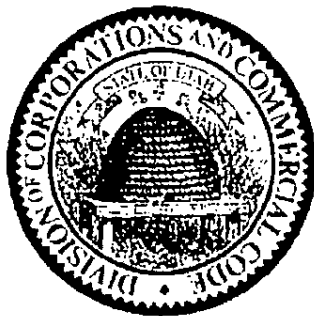
ADAM WATSON  
Division Director

October 24, 2024

## CERTIFICATE OF EXISTENCE

**Registration Number:** 5897736-0160  
**Business Name:** SECURITY HOME MORTGAGE, LLC  
**Principal Office Address:** 576 SOUTH STATE STREET, OREM, UT 84058  
**Registered Date:** 03/25/2005  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Current Status:** ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



*Adam Watson*

Adam Watson

Director

Division of Corporations and Commercial Code

Certificate Number: 202410240044863

Enter the certificate number at <https://businessregistration.utah.gov/> to verify this certification.