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To:	Division of Corporations Fax Number : (850)617-6383		7.147.17
30:	Account Name : REGISTERED AGEN Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 r the email address for this busine nnual report mailings. Enter only o	ss entity to be used for	Future Co
2022 A.C 9	Foreign Limited Liabi Click2Close Mortgage P	• •	
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S. FRANKLIN

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L Click2Close Mc	ortgage Processing, LLC	4 W 1 A V A V	
(Name of Foreign)	Limited Liability Company; must include "Limited that	bility Company," "E.E.C.," or "LLC.")	
(It name unavailable, enter alternate n	name adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Liability Comp	any," "L. E.C." or "LLC.")
_a Colorado		7	
	hich foreign limited liability company is organized)	3. (FEI number, if applica	720 20
			24 F
4	(Date first transacted business in Florida if proor to registe	Olix)(t	î e We
	(Date first transacted business in Florida, if prior to registr (See sections 605,0904 & 605,0905, F.S. to determine per	nalty liability)	- 9
7901 4th St N STE 300 Street Address of Principal Office) 6. 220 S Wilcox St #684 (Mailing Address)			<u> </u>
(Street Address of Principal Office)		(Mailing Address)	5.
St. Petersburg FL 33702 Castle Rock CO 803			ිව
			
7. Name and street address	ss of Florida registered agent: (P.O. Box) <u>NC</u>	<u>)T_</u> acceptable)	
Name:	Northwest Registered Agen	t LLC_	
Office Address:	7901 4th St N STE 300		
	St. Petersburg	. Florida <u>33702</u>	
	(Cny)	(Zip code)	
designated in this applicato comply with the provisi	tance: gistered agent and to accept service of proc tion, I hereby accept the appointment as reg ions of all statutes relative to the proper and s of my position as registered agent.	gistered agent and agree to act in this ca	pacity. I further agree
	Ton Glov	e_	
	(Registered agent's signat	ure)	

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: Name and Address: Title or Capacity: Name: Cassandra Lucier ■ Manager □ Manager Address: 6015 Randolph Ave Address: X Member □ Member Castle Rock CO 80104 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other_____ Name: _____ □Manager Name: □ Manager Address: ☐ Member □ Member Address: Authorized □ Authorized Person Person Other \(\omega \) □Other_____ Other____ □Other____ Name: _____ Name: □ Manager □ Manager Address: □Member □Member Address: □ Authorized ☐ Authorized Person Person □Other___ □Other____ □Other _____ \square Other $_$ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Morgan Noble

Esped or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Click2Close Mortgage Processing, LLC

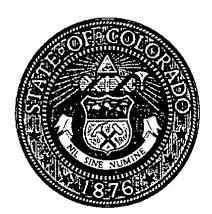
is a

Limited Liability Company

formed or registered on 05/26/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221538157.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/25/2022 that have been posted, and by documents delivered to this office electronically through 05/26/2022 @ 14:20:37.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/26/2022 @ 14:20:37 in accordance with applicable law. This certificate is assigned Confirmation Number 14051486



Secretary of State of the State of Colorado

85:0111V 6-

*********************************End of Certificate ********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fidly and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sossitote.com/biz/Certificate/ScatchCriterio do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/elick/Businesses, trademarks, tradenames/andselect/Frequently Asked Questions."