



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

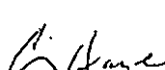
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 SECRETARY OF STATE
 CORPORATIONS DIV
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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13-2 the undersigned limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 000799394	2. Exact Name of the Limited Partnership Cardinal Financial Company, Limited Partnership	
3. The fictitious business name to be used is: CF Wholesale		
4. The state or country the entity is formed is: Pennsylvania	5. The date of formation 05/30/2013	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>		
Name of Applicant Limited Partnership Nondepository Credit Institution		Date 04/09/2018
Signature of Authorized Person 		

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 10, 2018 12:41 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

