Fi	iling Fee: \$150.00			ID Number: _		
-		AND AND PROVID to of the Secretary of St Corporations Division 100 North Main Street ace, Rhode Island 0290	ate	TATIONS	2015 OCT -	NO CHER
	LIMITE	D LIABILITY COM	PANY		-5 AM	ATIO
		TION FOR REGIST			410: 30	
ĭa)	rsuant to the provisions of Section 7-16-49 of bility company hereby applies for a Certificate of at purpose submits the following statement:					
1.	The name of the limited liability company is:					
	Member First Mortgage, LLC					
2.	The name, if different, under which it proposes	to register and transac	t business in Rh	ode Island is:		
-				ode Island is:		<u></u>
3.	The limited liability company is organized under			ode Island is:		
3. 4.		er the laws ofMichig	an	ode Island is: کود و د لرد		
3. 4. 5.	The limited liability company is organized under The date of its organization is 8/14/2001	er the laws of <u>Michig</u> mpany is (if perpetual, s	an so state)			
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Form No. 450 Revised: 01/99

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10. The limited liability company is to be managed by:

(Check one box only)

its members

X by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

or

Manager	Address
Jerry Reed	616 44th St, Grand Rapids, Michigan 49548
	· ·
	

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

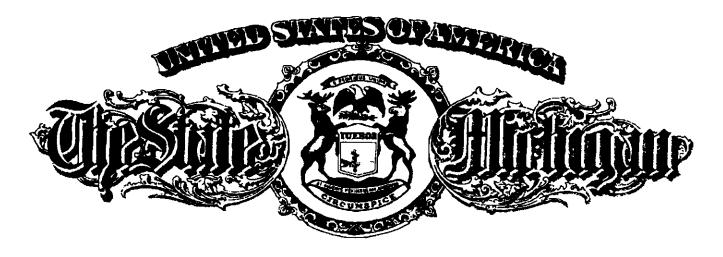
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

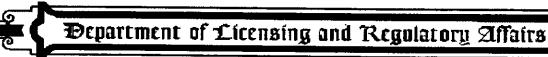
9/30/2015 Date:___

Member First Mortgage, LLC

Print Exact Name of Limited Liability Company Making Application

R Signature of authorized person





Lansing, Michigan

This is to Certify That

MEMBER FIRST MORTGAGE, LLC

was validly organized on August 14, 2001 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1348898 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of October, 2015 2015

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Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau



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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

