

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 OCT -5 AM 10:30

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that 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 transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Michigan

4. The date of its organization is 8/14/2001

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

450 Veterans Memorial Parkway, Suite 7A East Providence RI 02914
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Business Filings International, Inc.
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

616 44th St, Grand Rapids, Michigan 49548

10:30 Am

FILED

9. The mailing address for the limited liability company is:

616 44th St, Grand Rapids, Michigan 49548

OCT 05 2015

By 257794

KM

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

(Check one box only)

☐ its members or ☒ 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:

<u>Manager</u>	<u>Address</u>
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.

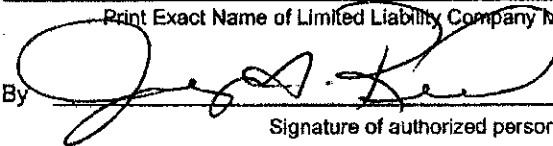
Date:

9/30/2015

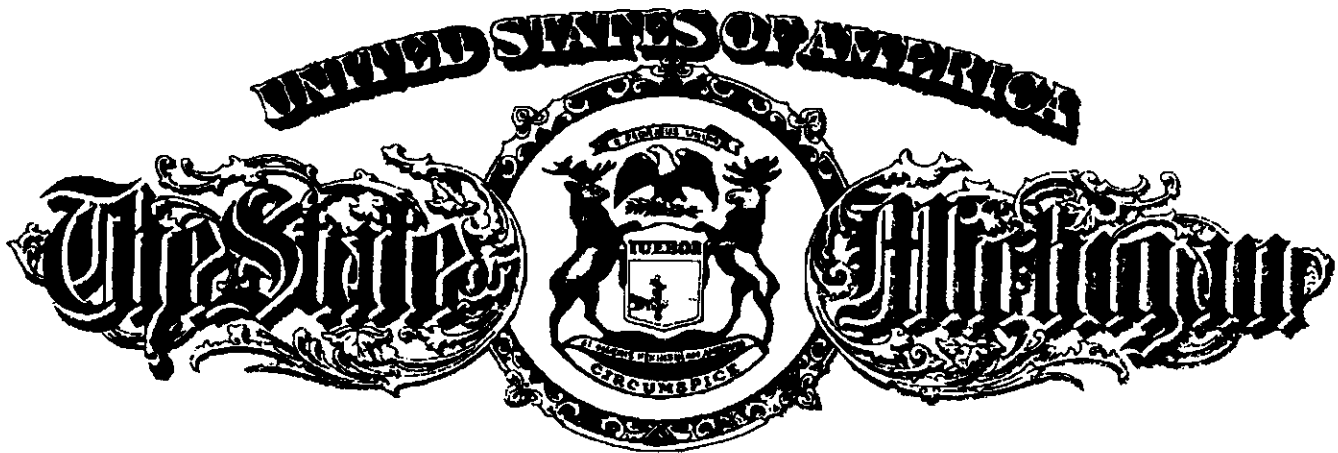
Member First Mortgage, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person



Department of Licensing and Regulatory Affairs

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 OCT -5 AM 10:30



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

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