RI SOS Filing Number: 201877948730 Date: 9/21/2018 11:53:00 AM



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

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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

a low-profit limited liability con	npany? Yes No 🗓		
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
4. The name and address of the resident agent/office in Rhode Island is:			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			
State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Residential Mortgage Lending			
Check the box to indicate an attachment			
	Island is: ulte 200 State RHODE ISLAND transaction of business in Rhoc		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 450 - Revised: 11/2017

The RI Department of State is appointe any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for resident agent cannot be found or served following the resident agent cannot be found or served following.	or service of process if, at ng the exercise of reasonable
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,
13751 South Wadsworth Park Drive, Su	ite 101, Draper, UT 84020	
8. The mailing address for the limited liabi	lity company is:	
13751 South Wadsworth Park Drive, Su	ite 101, Draper, UT 84020	
9. Management of the Limited Liability Co.	mpany:	
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX	
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)
By one (1) or more managers (List m	anagers below)	
MANAGER	ADDRESS	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY
Date received (Upon filing)		-
Later effective date (Date must be no	more than 30 days from the date of filing)	
Under penalty of perjury, I declare and affi accompanying atlachments, and that all s	rm that I have examined this Application for Regist latements contained herein are true and correct.	ration, including any
Type or Print Name of LLC		Date
Castle & Cooke Mortgage, LLC		9/19/18
Signature of Authorized Person	RIGH DOCUMENT HERE	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLE & COOKE MORTGAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASTLE & COOKE MORTGAGE, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

3978810 8300 SR# 20186763942 Authentication: 203464028

Date: 09-20-18

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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:

September 21, 2018 11:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

