

SECRETARY OF STATE CORPORATIONS UNV

2019 NOV 12 PM 1: 48 STATE

Application for RegistrationFOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

ourpose submits the following statement.			
The name of the limited liability company is:			
River City Mortgage LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? Yes No 🗸	
The name, if different, under which it proposes to register and	transact business in Rhode Ist	and is:	
2. The LLC is organized under the laws of: Ohio			
3. The date of its organization is:	24/2008		
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhod	e Island is:		
Agent Name Heather Patrick			
Street Address (NOT a P.O. Box) 222 Jefferson Blvd, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it proposes to pursue in the	transaction of business in Rho	ode Island are.	
Expanding our Business.			
	Check the box	x to indicate an attachment	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 12 2019

BY 21 6

FORM 450 - Revised: 11/2017

	d the agent of the foreign limited liability company ne resident agent cannot be found or served follow	
7. 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:	tion by the laws of that state or,
4318 Montgomery Road Cincinnati, OH	45212	
8. The mailing address for the limited liabi	lity company is:	
4318 Montgomery Road Cincinnati, OH	45212	
9. Management of the Limited Liability Co	mpany:	
The Limited Liability Company is to be ma	inaged by: CHECK ONLY ONE BOX	-
By its members (If you have checked	this box. go to Section 9. (DO NOT fill out the ch	art below.)
By one (1) or more managers (List m	anagers below)	
MANAGER	ADDRESS	
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Statu</u> e of filing.	s from the state or country of
11. Date when this application for Certifica	ate of Registration will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)		
Later effective date (Date must be no	more than 30 days from the date of filing)	
	irm that I have examined this Application for Regi- tatements contained herein are true and correct.	stration, including any
Type or Print Name of LLC		Date
River City Mortgage LLC		11/05/2019
Signature of Authorized Person	SIGN DOOMENT HERE	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RIVER CITY MORTGAGE LLC, an Ohio For Profit Limited Liability Company, Registration Number 1820393, was organized within the State of Ohio on November 24, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of November, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201833400848