



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

Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:			
Reliant Bank			
2. It is incorporated under the laws of:			
Tennessee			
3. The name, if different, which it elects to use in Rhode Island is:			
Reliant Bank, Inc.			
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:			
4. The date of its incorporation is:			
04/17/2006			
And the period of its duration is: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____			
5. The address of its principal office is:			
1736 Carothers Parkway, Suite #100, Brentwood, Tennessee 37027			
6. The name and address of the initial registered agent/office in Rhode Island:			
Agent Name			
COGENCY GLOBAL INC.			
Street Address (NOT a P.O. Box)			
222 Jefferson Boulevard			
City/Town	State	Zip Code	
Warwick	RHODE ISLAND	02888	

2020 JAN 24 PM 12:32
 COGENCY GLOBAL INC.

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

12:32

JAN 24 2020

BY 3FV7U

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Mortgage Lender and Purchaser of Closed Residential Mortgage Loans

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	DeVan Ard, Jr.	1736 Carothers Parkway #100, Brentwood, TN 37027
VICE PRESIDENT	Jacqueline Weed	1736 Carothers Parkway #100, Brentwood, TN 37027
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
30,000,000	Common		\$1

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.01 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

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

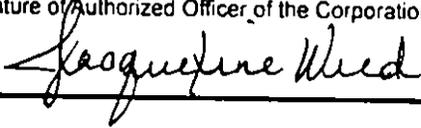
Type or Print Name of Authorized Officer

Date

Jacqueline Weed

01/23/2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

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.



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ERIC HOOD
ERIC HOOD
SUITE 4
115 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301

January 23, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0347223

Issuance Date: 01/23/2020
Copies Requested: 1

Document Receipt

Receipt #: 005216697 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3773929169 \$20.00

Regarding: Reliant Bank
Filing Type: For-profit Corporation - Domestic Control #: 518273
Formation/Qualification Date: 04/17/2006 Date Formed: 04/17/2006
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Reliant Bank

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

20 JAN 24 PM 2:32
RECEIVED
DIVISION OF BUSINESS SERVICES
DEPARTMENT OF REVENUE
STATE OF TENNESSEE

Processed By: Cert Web User

Verification #: 037479441



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:

January 24, 2020 12:32 PM

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

Nellie M. Gorbea
Secretary of State

