



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STAMP

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 purpose submits the following statement:

1. The name of the limited liability company is:		
Chicago Mortgage Solutions LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: <i>IL Illinois</i>		
3. The date of its organization is: <i>October 30, 2019</i>		
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 _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name <i>INCorp Services, Inc.</i>		
Street Address (NOT a P.O. Box) <i>222 Jefferson Blvd., Suite 200</i>		
City/Town <i>Warwick</i>	State RHODE ISLAND	Zip Code <i>02888</i>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <i>Mortgage Banking and all other lawful purposes.</i>		
Check the box to indicate an attachment <input type="checkbox"/>		

RECEIVED
RI. DEPT. OF STATE
BUS. SVCS. DIV.
2020 JAN 31 AM 10:27

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

STAMP

JAN 31 2020

BY *92HTE*
A.A. ID: *27 AM.*

6. The RI Department 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

9525 W. Bryn Mawr, Suite 400
Rosemont IL 60018

8. The mailing address for the limited liability company is: 9525 W. Bryn Mawr, Suite 400
Rosemont, IL 60018

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Dmitry Godin	9525 W. Bryn Mawr, Suite 400, Rosemont IL 60018

10. 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 filing.

11. Date when this application for Certificate of Registration 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 Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

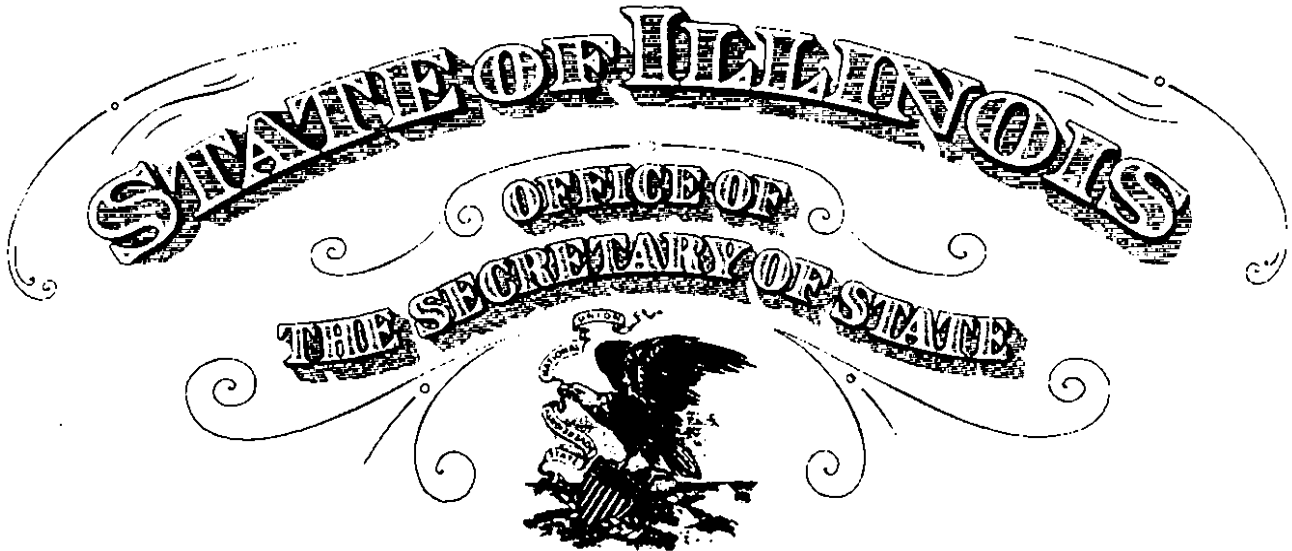
Type or Print Name of LLC Chicago Mortgage Solutions LLC

Date
1/30/2020

Signature of Authorized Person

File Number

0802008-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CHICAGO MORTGAGE SOLUTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 30, 2019, AND HAVING ADOPTED THE ASSUMED NAME OF INTERFIRST MORTGAGE COMPANY ON NOVEMBER 22, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

RECEIVED
R.D. DEPT. OF STATE
BUS SVCS DIV
JAN 31 AM 10:27



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of JANUARY A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2001002198 verifiable until 01/10/2021

Authenticate at: <http://www.cyberdriveillinois.com>



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 31, 2020 10:27 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

