



State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 APR -2 P 2:14

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:		
THE CREDIT UNION LOAN SOURCE LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
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: GA		
3. The date of its organization is: 09/02/2004		
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 Rhode Island is:		
Agent Name BUSINESS FILINGS INC <i>appointed</i>		
Street Address (<u>NOT</u> a P.O. Box) 450 VETERANS MEMORIAL PARKWAY SUITE 7A		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: PURCHASE RETAIL INSTALLMENT SALES CONTRACTS FROM AUTO DEALERS		
Check the box 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

FILED STAMP

APR 02 2021

BY *280AV*

FORM 450 - Revised 08/2020
A.A. 2:14 pm.

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:

3820 MANSELL ROAD, SUITE 140, ALPHARETTA, GA 30022

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

3820 MANSELL ROAD, SUITE 140, ALPHARETTA, GA 30022

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
DELTA COMMUNITY CU	3250 RIVERWOOD AVE, ATLANTA, GA 30339
ATLANTA POSTAL CU	3900 CROWN ROAD, ATLANTA, GA 30380
GEORGIA'S OWN CU	1155 PEACHTREE ST, SUITE 400, ATLANTA, GA 30309
GEORGIA CREDIT UNION SERVICES INC	6705 SUGARLOAF PARKWAY, SUITE 200, DULUTH, GA 30097

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**

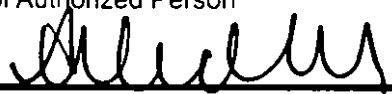
☒ Date received (Upon filing)

☐ 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 THE CREDIT UNION LOAN SOURCE LLC	Date 03/31/2021
---	--------------------

Signature of Authorized Person



Allison Morke, SVP, Compliance Officer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE CREDIT UNION LOAN SOURCE, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20631145
Date Inc/Auth/Filed: 09/02/2004
Jurisdiction : Georgia
Print Date : 03/26/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



State of Rhode Island

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,
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:

April 02, 2021 02:14 PM

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

Nellie M. Gorbea
Secretary of State

