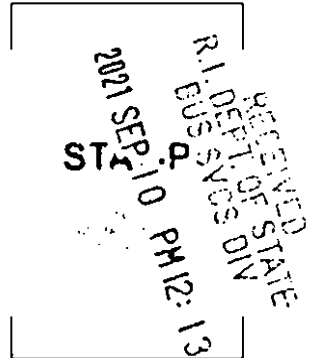




State of Rhode Island
Department of State - Business Services Division

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 purpose submits the following statement:

1. The name of the limited liability company is:		
Amerant Mortgage, 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: Florida		
3. The date of its organization is: 09/25/1987		
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 Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Mortgage Banking		
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
SEP 10 2021

STAMP

KL DJEGF
12:13

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: 12496 NW 25th St., Miami, FL 33182	
8. The mailing address for the limited liability company is: 12496 NW 25th St., Miami, FL 33182	
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, DO NOT fill out the chart below) ☒ By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
S. Marshall Martin	12496 NW 25th St., Miami, FL 33182
Anthony Eelman	12496 NW 25th St., Miami, FL 33182
Miguel Palacios	12496 NW 25th St., Miami, FL 33182
Carlos lafigliola	12496 NW 25th St., Miami, FL 33182
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 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) _____	
<i>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.</i>	
Type or Print Name of LLC Amerant Mortgage, LLC	Date 9/9/2021
Signature of Authorized Person  Saray Djidji, Attorney in Fact	

Amerant Mortgage, I.L.C

CONT: 9. Management of the Limited Liability Company:

MANAGER

ADDRESS

Alberto Capriles

12496 NW 25th St., Miami, FL 33182

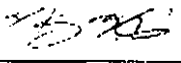
Limited Power of Attorney

The undersigned Officer of Amerant Mortgage, LLC, a Florida entity ("the Company"), appoints Saray Djidji as attorneyin fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Nick Nichols, Special Manager grants to the attorneyin fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/ compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 9th day of September, 2021.

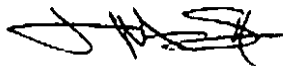
Amerant Mortgage, LLC,

By:  _____

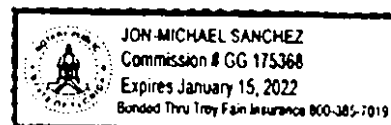
Name: Nick Nichols
Title: Special Manager

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 9th day of September, 2021.



Notary Public



State of Florida

Department of State

I certify from the records of this office that AMFRANT MORTGAGE, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 13, 2021, effective September 25, 1987.

The document number of this limited liability company is L21000213459.

I further certify that said limited liability company has paid all fees due this office through December 31, 1987 and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Tenth day of August, 2021*



Randy Be
Secretary of State

Tracking Number: 1253329304C1

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

September 10, 2021 12:13 PM

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

Nellie M. Gorbea
Secretary of State

