Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

MAIL TO:

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ni.gov

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

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersign polices for a Certificate of Registration to transact busin purpose submits the following statement:	gned foreign limited liability compar less in the State of Rhode Island, a	nd for that
The name of the limited liability company is:		
On Q Financial, LLC		
Is this company organized in its state or country of form	mation as a low-profit limited liability	company? Yes No X
The name, if different, under which it proposes to regis	ster and transact business in Rhode	Island is:
2. The LLC is organized under the laws of: Arizona	1	
3. The date of its organization is: 07/01/2005		
And the period of its duration is: CHECK ONE BOX O	DNLY	
★ Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office i	in Rhode Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memoria	al Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄
5. The purpose or purposes which it proposes to pursue Mortgage Lending		Rhode Island are: box to indicate an attachment
	Check the	
		FILED

6. The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company fo e resident agent cannot be found or served following	r service of process if, at g the exercise of reasonable	
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:	by the laws of that state or,	
14275 N 87th St Ste 210 Scottsdale, AZ 85260			
8. The mailing address for the limited liabil	ity company is:		
14275 N 87th St Ste 210 Scottsdale, AZ 85260) _.		
9. Management of the Limited Liability Cor	mpany:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
X 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		
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)		
Under penalty of perjury, I declare and affi accompanying attachments, and that all s	irm that I have examined this Application for Registro tatements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
On Q Financial, LLC		03/31/2023	
Signature of Authorized Person			
STA			





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ON Q FINANCIAL, LLC

ACC file number: 23508023

was incorporated under the laws of the State of Arizona on 03/31/2023, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/31/2023

Kim Battista, Interim Executive Director



