RI SOS Filing Number: 202332967460 Date: 4/14/2023 11:27:00 AM



# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

#### **ARTICLE I**

The name of the limited liability company is: American South Financial Services, L.L.C.

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

\_\_\_ Check if this company is organized in its state or country of formation as a low-profit limited liability company.

#### **ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

## **ARTICLE III**

The Limited Liability Company is organized under the laws of: State: <u>LA</u> Country: <u>USA</u>

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

### **ARTICLE IV**

The date of its organization is: 6/17/1999

# **ARTICLE V**

The period of its duration is: X Perpetual

# **ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

Name: REGISTERED AGENTS INC

#### Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

# **MORTGAGE BROKERING**

#### **ARTICLE VIII**

The Rhode Island 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.

## **ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: <u>613 CANAL BLVD</u>

City or Town: THIBODAUX State: LA Zip: 70301 Country: USA

## **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: <u>613 CANAL BLVD</u>

City or Town: THIBODAUX State: LA Zip: 70301 Country: USA

## **ARTICLE XI**

The limited liabilty company is to be managed by its <u>X</u> Members or <u>Managers</u> (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

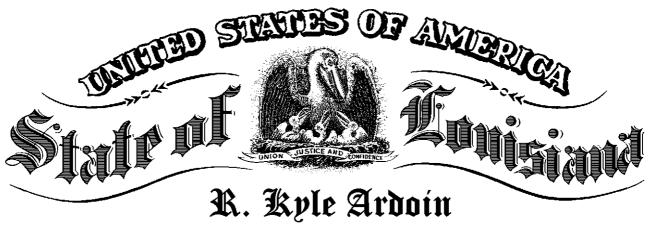
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 14 Day of April, 2023 at 11:30:34 AM by the Authorized Person.

## **BRENT GONZALES**

Form No. 450 Revised 09/07
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SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

# **AMERICAN SOUTH FINANCIAL SERVICES, L.L.C.**

A limited liability company domiciled in THIBODAUX, LOUISIANA,

Filed charter and qualified to do business in this State on June 17, 1999,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 14, 2023

Certificate ID: 11716691#6QK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 34804949K

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I, GREGG M. AMORE, 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 14, 2023 11:27 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

