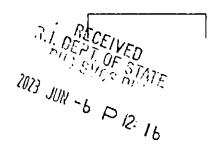
RI SOS Filing Number: 202336628420 Date: 6/6/2023 12:16:00 PM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provis applies for a Certificat purpose submits the f	e of Registration to transact bu	ersigned foreign limited liability compai siness in the State of Rhode Island, a	ny hereby nd for that	
1. The name of the li	mited liability company is:			
		LoanFront, LLC		
Is this company orga	nized in its state or country of f	ormation as a low-profit limited liability	company? Yes No 🔀	
The name, if differen	t, under which it proposes to re	gister and transact business in Rhode	Island is:	
2. The LLC is organize	zed under the laws of:	Wyoming	3	
3. The date of its org	anization is:	12/28/2021		
And the period of its Perpetual (on-go Date certain for	•	CONLY		
	dress of the resident agent/offic	e in Rhode Island is:		
Agent Name		COGENCY GLOBAL INC.		
Street Address (NOT	a P.O. Box)	222 Jefferson Boulevar	d	
City/Town	Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or pu		rsue in the transaction of business in f	Rhode Island are:	
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

JUN 0 6 2023

JUN 0 8 2023

FORM 450 - Revised 12/2021

		<u> </u>		
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 to resident agent cannot be found or served following	for service of process if, at ng the exercise of reasonable		
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:	on by the laws of that state or,		
12	Crown Plaza, Suite 207 Hazlet, NJ 07730			
8. The mailing address for the limited liabil	ity company is:			
	12 Crown Plaza, Suite 207 Hazlet, NJ 07730			
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			
Marlin Manager, LLC	646 2nd Avenue S Saint Petersburg, FL 33701			
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 affir accompanying attachments, and that all st	m that I have examined this Application for Registratements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
Loar	06/02/2023			
Signature of Authorized Person				
(Ald				

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

LoanFront, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 28, 2021** with a delayed effective date of January 1, 2022, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001064522**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of May, 2023 at 9:56 AM. This certificate is assigned ID Number 061255620.

Secretary of State

Notice. A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

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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:

June 06, 2023 12:16 PM

Gregg M. Amore Secretary of State

Treg M. Coure

