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State of Rhode Island Department of State - Business Services	s Division	R.I. DRECEIVED UUS SVCS STATE SEP 19 D R: 07
Application for Registration	~	SEP 19 DIPLE
FOREIGN Limited Liability Company		' PR:
→ Filing Fee: \$150.00		- 07
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business i purpose submits the following statement:		
1. The name of the limited liability company is:		
Movement Asset Management, LLC		
Is this company organized in its state or country of formatio	n as a low-profit limited liability	company? Yes 🗌 No 🗹
The name, if different, under which it proposes to register a	nd transact business in Rhode	Island is:
2. The LLC is organized under the laws of: DE		
3. The date of its organization is: 9/6/2023		
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 Rh	ode Island is:	
Agent Name Corporation Service Company	· · · ·	
Street Address (NOT a P.O. Box) 222 Jefferson Boulev	vard, Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in	the transaction of business in F	Rhode Island are:
Mortgage Banking		<i>a</i> .
	Check the l	pox to indicate an attachment
· · · · · · · · ·		
		FILED
MAIL TO: Division of Business Services		SEP 19 2023
148 W. River Street, Providence, Rhode Island 02904-2615		$C < X H \lor$
Phone: (401) 222-3040 Website: www.sos.ri.gov	_	BYMLESKI'
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FORM 450 - Revised: 12/2021

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 if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,		
1600 Broadway, Suite 1600, Office 1617, Denver, CO 80202				
8. The mailing address for the limited liabil	ity company is:			
1600 Broadway, Suite 1600, Office 1617, Denver, CO 80202				
9. Management of the Limited Liability Con	mpany:	······································		
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			
MM CMC, LLC	8024 Calvin Hall Road, Indian Land, SC 29707			
Abram's Promise, Inc.	8024 Calvin Hall Road, Indian Land, SC 29707			
		t		
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)				
	rm that I have examined this Application for Registr latements contained herein are true and correct.	ation, including any		
Type or Print Name of LLC		Date		
Movement Asset Management, LLC 9/8/2023				
Signature of Authorized Person				

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOVEMENT ASSET MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOVEMENT ASSET MANAGEMENT, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Budlech, Serverlary of Blater

Authentication: 204161761 Date: 09-14-23

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You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

September 19, 2023 12:06 PM

Areg M. Couve

Gregg M. Amore Secretary of State

