



**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: IMPERIUM LENDING, LLC

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.

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: MI Country: USA

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: 9/2/2021

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

No. and Street: 222 JEFFERSON BLVD., SUITE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: INCorp SERVICES, INC.

Article VII

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

MORTGAGE COMPANY

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: 755 W BIG BEAVER RD, SUITE 625

City or Town: TROY

State: MI Zip: 48084 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 755 W BIG BEAVER RD, SUITE 625

City or Town: TROY

State: MI Zip: 48084 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or X Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS (Individuals hired by the members with no ownership interest).**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DANIEL CAICEDO	755 W BIG BEAVER RD, SUITE 625 TROY, MI 48084 USA
MANAGER	DANIEL BROWN	755 W BIG BEAVER RD, SUITE 625 TROY, MI 48084 USA

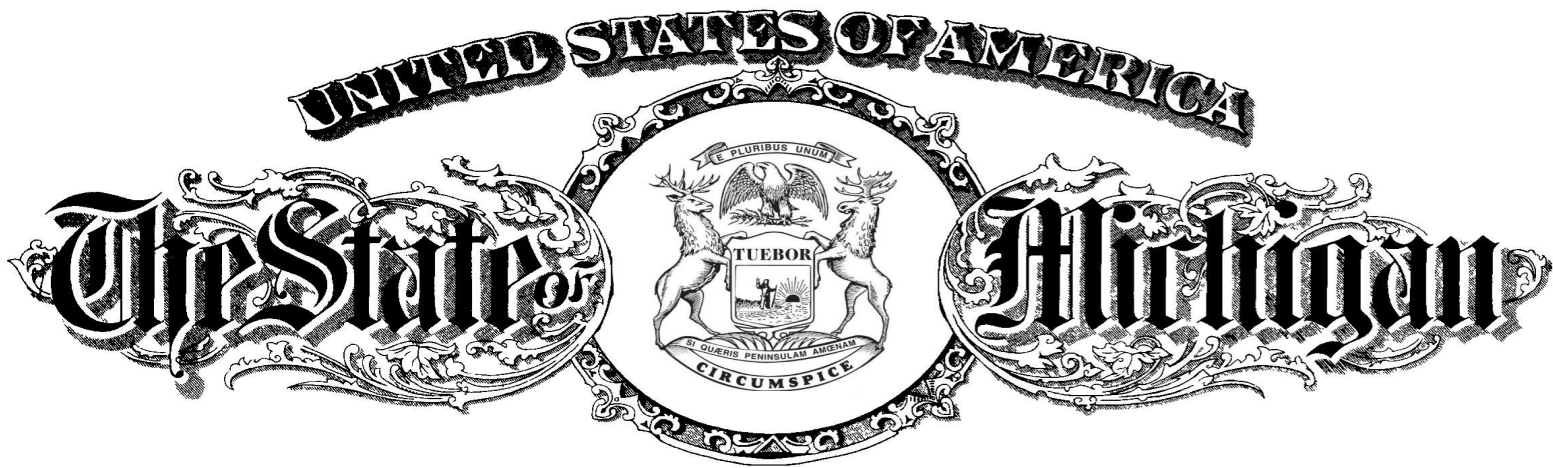
This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are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

Signed this 3 Day of October, 2023 at 6:44:53 PM by the Authorized Person.

DANIEL CAICEDO

Form No. 450
Revised 09/07

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Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

IMPERIUM LENDING, LLC

*was validly authorized on September 2 , 2021, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 23100051410

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of October , 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.



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:

October 03, 2023 06:42 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

