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**State of Rhode Island
Department of State - Business Services Division****Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | | |
|---|--------------|----------|--|
| 1. The name of the limited liability company is: | | | |
| LH LENDING LLC | | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | | |
| | | | |
| 2. The LLC is organized under the laws of: | | | |
| Delaware | | | |
| 3. The date of its organization is: | | | |
| 10/02/2023 | | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | | |
| Agent Name | | | |
| Cogency Global Inc. | | | |
| Street Address (NOT a P.O. Box) | | | |
| 222 Jefferson Boulevard | | | |
| City/Town | State | Zip Code | |
| Warwick | RHODE ISLAND | 02888 | |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | | |
| Consumer finance | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |

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

SEP 30 2024

BY

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FORM 450 - Revised 12/2023

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 maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

440 Monticello Avenue Suite 1802 Norfolk, VA 23510

8. The mailing address for the limited liability company is:

440 Monticello Avenue Suite 1802 Norfolk, VA 23510

9. Management of the Limited Liability Company **CHECK ONE BOX ONLY**

☐ Members (Owners) **OR** ☒ Manager(s). Complete the chart below.
DO NOT complete the chart below.

| | MANAGER(S) NAME | ADDRESS |
|--|----------------------|--|
| | Bradley Alan Gambill | 440 Monticello Avenue Suite 1802 Norfolk, VA 23510 |
| | | |

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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 affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|---|-------------------|
| Type or Print Name of LLC LH LENDING LLC | Date 9/25/2024 |
|---|-------------------|

Signature of Authorized Person

Signed by:

Brad Gambill

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LH LENDING 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LH LENDING LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2023.

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



2382485 8300

SR# 20243805904

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204501483

Date: 09-27-24



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 30, 2024 12:19 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

