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COVER LETTER

	legistration Division of (Section Corporations					
SUBJEC	CT: SeaTri	ust Mortgage Comp	any				
				tion	- must include suffix		
Dear Sir o	or Madam:						
"Certifica	ate of Exist		ate of Good S	Stand	Authorization to Transacting" and check are subs in Florida.		
Please ret	turn all cori	respondence conce	erning this ma	itter	to the following:		
Jennifer M	1 Champagn	e, Chief Financial C	fficer				
			Name	of P	erson		
Communit	ty First Banl	k, Parent of SeaTrus	t Mortgage Co	mpar	ny		
			Firm/C	Comp	pany		
449 Highv	way 123 Byp	oass					
			Ad	ddres	SS		
Seneca, So	outh Carolin	a 29678					
			City/Stat	le an	d Zip code		
JChampag	gne@C1stba	nk.com					
	· · · · · · · · · · · · · · · · · · ·	E-mail addr	ess: (to be us	ed fo	or future annual report n	otification)	
For further	er informati	ion concerning thi	s matter, plea	se ca	all:		201
							2019 NOV - 7
	hampagne		at (<u>864</u>) 364-6143		
Ŋ	Name of Pe	rson	Area (Code	Daytime Teleph	none Number	7
							P
R D C 20	legistration Division of C Hifton Build 661 Execut	Corporations	ESS:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	\tag{4:29}
Enclosed	is a check	for the following a	imount:				
S70.00	0 Filing Fee		ling Fee & te of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Fil Certificat Certified	e of Status &

(a)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "(Corp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)	
		-2327160	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
07/08/2019	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
N/A			
	(Date first transacted business in Florest SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) , F.S., to determine penalty liability)	
449 Highway 12.	(SEE SECTIONS 607.1501 & 607.1502, 3 Bypass, Seneca, SC 29678 (Principal of	orida, if prior to registration) F.S., to determine penalty liability) office address)	
	(SEE SECTIONS 607.1501 & 607.1502, 3 Bypass, Seneca, SC 29678 (Principal of the case SC 29679)	F.S., to determine penalty liability) office address)	
449 Highway 12 PO Box 459. Ser	(SEE SECTIONS 607.1501 & 607.1502, 3 Bypass, Seneca, SC 29678 (Principal of the case SC 29679)	office address) ddress, if different) Box NOT acceptable)	
449 Highway 12 PO Box 459. Ser	(SEE SECTIONS 607.1501 & 607.1502, B Bypass, Seneca, SC 29678 (Principal of the case of t	F.S., to determine penalty liability) office address)	
PO Box 459. Ser	(SEE SECTIONS 607.1501 & 607.1502, B Bypass, Seneca, SC 29678 (Principal of the case of SC 29679 (Current mailing a set address of Florida registered agent: (P.O. E	office address) ddress, if different) Box NOT acceptable)	
PO Box 459. Ser Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, B Bypass, Seneca, SC 29678 (Principal of the case of SC 29679 (Current mailing a set address of Florida registered agent: (P.O. E	office address) ddress, if different) Box NOT acceptable)	

9. Registered agent's acceptance:

1 ConTract Martiness Commence

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature) ASSISTANT SCORE TARY

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

P . . .

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS	
Chairman	John Hamrick	
	PO Box 459, Seneca, SC 29679	, ,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Vice Chai	rman:	
Address:		
Dimentum.	See Attached Addendum for All	
	PO Box 459, Seneca, SC 29679	
Director:		
Address:		
B. OFF		
	John J Owens	
	PO Box 459, Seneca. SC 29679	2015
		2015 HOV
Vice Presi	See Attached Addendum for All ident:	1
Address:	PO Box 459, Seneca, SC 29679	Pii
		- 4;
Secretary:		
Address:		
Treasurer:	(<u></u>	
Address:		
	If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the end that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155. F.S. ifer M Champagne, Executive Vice President and Chief Financial Officer	
13	<u></u>	

SeaTrust Mortgage Company

Officers and Directors

Directors

Dr. Larry S. Bowman	William M. Brown
Richard D. Burleson	Joel R. Davis
Amber B. Glidewell, Esq.	John R. Hamrick, Chairman
Gary V. Thrift	R. Joseph Jackson, Vice Chairman
Charles L. Winchester	

Officers:

Richard D. Burleson	Chief Executive Officer
John J. Owens	President
Margaret Kronmueller	Chief Operating Officer
Jennifer M Champagne	Chief Financial Officer
William P Lackey	Information Security Officer



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SEATRUST MORTGAGE COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of July, 2019, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of September, 2019.

Elaine J. Marshall

Secretary of State