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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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### COVER LETTER

TO: Registration	on Section f Corporations			w <b>i</b> pe	
	Mortgage, Inc				
SUDJECT.	Name of	corporation -	must include suffix	<del></del>	
Dear Sir or Madam	n:				
"Certificate of Exis	olication by Foreign Corpstence," or "Certificate of orcign corporation to train	f Good Standi	ng" and check are subi		
Please return all co	orrespondence concerning	g this matter to	the following:		
David Conway, CFC	)				
		Name of Pe	rson		
CBM Mortgage, Inc					
		Firm/Compa	ıny		
912 Hometown Way	,				
		Address		<del>-</del>	
Front Royal, VA 22	630				
		City/State and	Zip code		2020
dconway@cbmmort	gage.com				( <u>-</u>
	E-mail address:	(to be used for	future annual report n	otification)	l ·
For further informa	ation concerning this mal	tter, please cal	l:		ω - <del></del> .
David Conway, CFO	) a	540 t (	) 660-3127		.; ::: ::: .;
Name of I	Person	Area Code	Daytime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Solution of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	k for the following amou ayable to: FLORIDA DEF ce \$78.75 Filing Certificate of	PARTMENT OF Fee &	F STATE 578.75 Filing Fee & Certified Copy	\$87.50 Fil	e of Status &

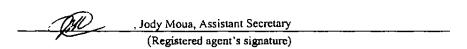
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

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#### 9. Registered agent's acceptance:

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.



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.

A. DIRECTORS				
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director		Director		
<b>■</b> President		□President		
□Vice President		□Vice President		<u> </u>
□Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	Other		Other
■ Director  □ President	David Simmons  Name:  same as business  Address:	□Vice Chairman □Director □President	Address:	□Treasurer
Other		•		
□Chairman	Name:same as business Address:	□Chairman	Name:	Other 20
		•		
☐Secretary  CFO  Other	☐Treasurer Officer ☐Other	☐Secretary ☐Other		☐Treasurer ☐Other
individuals may be  12  The officer or direct	ctor signing this document (and who is listed in alse information submitted in a document to the	rector or Officer number 11 above) affirms th	eport form.	ed herein are true and that he o

# Commondaealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That CBM Mortgage, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 5, 2015;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 26, 2020

Joel H. Peck, Clerk of the Commission