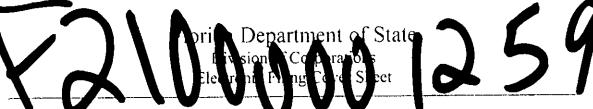
Division of Corporations



Note: Please print this page and use it as cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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SO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM ACCOUNT Number : FCA00000023 Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Cypress Mortgage Capital, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

19542080845

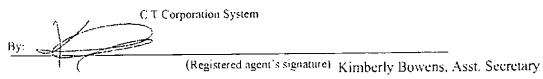
From: Ranae McGraw

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.

Cypress Mortgag			
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	-
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florida)
U.S V I 2.	3	66-0959099	
10/20/2020	y under the law of which it is incorporated)	(FEI number, if appliea	
4(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
6.			
5093 Dronningen	(Date first transacted business (SEE SECTIONS 607-1501 & 607) s Glade Ste 1, St. Thomas, USVI 00802	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
	(Princi	pal office address)	
	(Current mail	ing address, if different)	1.
8. Name and street	anddress of Florida registered agent: (P.	O. Box NOT acceptable)	~
Name:	C T Corporation System		· · · · · · · · · · · · · · · · · · ·
Office Address:	1200 South Pine Island Road		/ ^
Office Address.	Plantation,	. Florida	
	(City)	(Zip code)	

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.

To: 18506176383

To: 18506176383 Page: 4 of 6 2021-03-04 08:50:22 CST 19542080845 From: Ranae McGraw

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

A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
David Robnett Director:	
5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802 Address:	
David Kittle Director:	
Address: 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802	
B. OFFICERS David Robnett	se see attached for additional directors.
5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802 Address:	i
Vice President:	
Address:	
Secretary:	
Address: 5093 Dronningens Glade Ste 1, St. Thomas, USV1 00802	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing David Kittle	additional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1 are true and that he or she is aware that false information submitted in a doct a third degree felony as provided for in \$.817.155, F.S. David Kittle	ament to the Department of State constitutes
(Typed or printed name and capacity of person sign	ing application)

To: 18506176383 Page: 5 of 6 2021-03-04 08:50:22 CST 19542080845 From; Ranae McGraw

ATTACHMENT

Application by Foreign Corporation for Authorization to Transact Business in Florida Cypress Mortgage Capital, Inc.

Item 11.A.

Additional Directors

Gwen Muse-Evans, 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802 John Robbins, 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802 Beth Millstein, 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802



Business Entity No. DP0109961



Government of The United States Virgin Islands

-O-

Office of the Lieutenant Governor Division of Corporations & Trademarks

CERTIFICATE OF GOOD STANDING

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **CYPRESS MORTGAGE CAPITAL**, **INC**. has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2021.

Entity Type: Domestic Profit Corporation

Entity Status: In Good Standing **Registration Date:** 10/20/2020

Jurisdiction: United States Virgin Islands, United States

MENTO

Witness my hand and the seal of the Government of the United States Virgin Islands, on this 11th day of February, 2021.

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands

Tregen A. Roul