

Division of Corporations

F21000001259

Corporation Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 203-0845

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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3/5/21

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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.

1. Cypress Mortgage Capital, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. U.S.V.I. 3. 66-0959099
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/2020 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802
 (Principal office address)

 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System


Office Address: 1200 South Pine Island Road

Plantation, 33324
 (City) (Zip code)

Florida

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.

By:  C T Corporation System
 (Registered agent's signature) Kimberly Bowens, Asst. Secretary

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David Robnett

Address: 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802

Director: David Kittle

Address: 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802

Please see attached for additional directors.

B. OFFICERS

President: David Robnett

Address: 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802

Vice President: _____

Address: _____

Secretary: David Kittle

Address: 5093 Dronningens Glade Ste 1, St. Thomas, USVI 00802

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. David Kittle

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Kittle

(Typed or printed name and capacity of person signing application)

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

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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

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



A handwritten signature in black ink, reading "Tregenza A. Roach".

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands