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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>ښ</u>

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Guild Holdings Company

Certificate of Status	0
Certified Copy	1
Page Count	05
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Corporate Filing Menu

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T. LEMIEUX

OCT 13 2022

To:

From: Lexus Wingo

DocuSign Envelope ID: DAD12511-D278-419C-8273-9A9EDE98EE2A

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.

Guild Holdings (.		
	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY	/," "CORPORATIO	N."	
(If name unavaila	ble in Florida, enter alternate corporate na	пе ас	dopted for the	purpose of transaction	ng business in Fl	orida)
Delaware		3. 85-2453154				
(State or country under the law of which it is incorporated)		J		(FEI number, if ap	oplicable)	
08/11/2020		5.				<u>.</u>
(Date of incorporation)			(Dati	e of duration, if other	than perpetual)	
Upon Filling						
5887 Copley Driv	(Date first transacted busines (SEE SECTIONS 607.1501 & 60 e, San Diego, CA 92111				ity)	
		office	e <u>street</u> addre	:55)		
					6	202
	(Current ma	iling	address, if d	ifferent)		001
. Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box <u>NOT</u>	acceptable)	<u>.</u>	12
Name:	C T Corporation System				· .	202 OCT 12 PH 12: 09
Office Address:	1200 South Pine Island Road				4. 1 4. 1 4. 1	0
	Plantation		FL.	33324	-	ø
	(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.

Bv:	C T Corporation System	Denise Bell
	(Registered age	nt's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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DocuSign Envelope ID: DAD12511-D278-419C-8273-9A9EDE98EE2A

To:

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
Director	San Diego, CA 92111	□Director	San Diego, CA 92111
President		□President	
□ Vice President		□Vice President	
□Secretary	ŪTreasurer	B Secretary	T/Treasurer
□Other	Other	DOther	Other
□Chairman □Vice Chairman □Director	Desirce Amber Kramer Name: 5887 Copley Drive Address: San Diego, CA 92111	□Chairman □Vice Chairman ■Director	Name:
□President		II President	
□ Vice President		□Vice President	
□ Secretary □ Other CFO	☐ Treasurer ☐ Other	□ Secretary CEO □Other	□Treasurer □Other
□Chairman □Vice Chairman □Director □President	Name: 5887 Copley Drive Address: San Diego, CA 92111	□Chairman □Vice Chairman □Director □President	See attached for additional Address:
□Vice President		□Vice President	
∃Secretary	\(\sigma\) Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	□ (Other
12. Lisa	Use an attachment to report more than six (6). The a gadded to the index when filing your Florida Depart Elica DEECO78490 Signature of Director signing this document (and who is listed in num	ment of State Annual Ro	eport form.

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 \$8.817.155, F.S.

	LISA	KLIKA,	SECRET	ARY
--	------	--------	--------	-----

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Management Name	Title Role	THU, ESSENCE OF THE SECOND	Address of Officer/Director/Manager
McGarry, Mary Ann	Offic∉r	CEO	5887 Copley Drive, San Diego, California 92111
Schmidt, Terry Lynn	Officer	President	5887 Copley Drive, San Diego, California 92111
Kramer, Desiree Amber	Officer	CFO/SVP	5887 Copley Drive, San Diego, California 92111
Neylan, David	Officer	COO/EVP	5887 Copley Drive, San Diego, California 92111
Klika, Lisa	Officer	Secretary/Chief Compliance Officer/SVP	5887 Copley Orive, San Diego, California 92111
Horn, Barrett Hart	Officer	EVP/National Production Manager	150 120th Ave. NE, Bellevue, WA 98005
McGarry, Mary Ann	Director	Director	5887 Copley Drive, San Diego, California 92111
Schmidt, Terry Lynn	Director	Olrector	5887 Copley Drive, San Diego, California 92111
Duffy, Patrick Joseph	Director	Director	1601 Dodge Street, Suite 3800, Omaha, NE 68102
Meyer, Michael Charles	Director	Director	1601 Dodge Street, Suite 3800, Omaha, NE 68102
Bryant Jr., Edward	Director	Olrector	5887 Copley Orive, San Diego, California 92111
Marcon, Martha E.	Director	Director	5887 Copley Drive, San Diego, California 92111
Giola Messinger	Director	Director	5887 Copley Drive, San Diego, California 92111

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GUILD HOLDINGS COMPANY" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 204599844

Date: 10-11-22

To: