

10/21/2020

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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)208-0845

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**Foreign Limited Liability Company
GUILD MORTGAGE COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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10/22/20

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Guild Mortgage Company LLC
(Name of foreign limited liability company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, check alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California 3. 95-2146137
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5887 Copley Drive
(Street Address of Principal Office)
Floors 1, 3, 4, 5, and 6
San Diego, CA 92111
6. Attn: Compliance Department
(Mailing Address)
P.O. Box 85304
San Diego, CA 92186-5304

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company, 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: CT Corporation System
(Registered agent's signature)

Karen Spain
Assistant Secretary

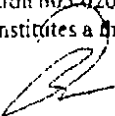
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input checked="" type="checkbox"/> Manager	Name:	Mary Ann McGarry		<input checked="" type="checkbox"/> Manager	Name:	Terry Schmidt	
<input type="checkbox"/> Member	Address:	5887 Copley Drive		<input type="checkbox"/> Member	Address:	5887 Copley Drive	
<input type="checkbox"/> Authorized	Floors 1, 3, 4, 5, and 6			<input type="checkbox"/> Authorized	Floors 1, 3, 4, 5, and 6		
Person	San Diego, CA 92111			Person	San Diego, CA 92111		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Patrick Duffy		<input checked="" type="checkbox"/> Manager	Name:	Michael Meyer	
<input type="checkbox"/> Member	Address:	1601 Dodge Street		<input type="checkbox"/> Member	Address:	1601 Dodge Street	
<input type="checkbox"/> Authorized	Omaha, NE 68102			<input type="checkbox"/> Authorized	Omaha, NE 68102		
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Terry Schmidt

Typed or printed name of signer

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GUILD MORTGAGE COMPANY LLC

FILE NUMBER: 202029310235
FORMATION DATE: 10/19/2020
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 19, 2020.

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over the printed name.

ALEX PADILLA
Secretary of State

EMR