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COVER LETTER

1.

TO:

SUBJECT	Cornerstone Home Loans LLC				
, 0 1, 11		e of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin			
lease rett	urn all correspondence concerning this matter to	o the following:			
	Ryan Kerian				
		Name of Person			
	Lynx Licensing				
	·	Firm/Company			
	13200 Strickland Road, Suite 114-#11	6			
	Address				
	Raleigh, NC 27613				
	City/State and Zip Code				
	licensing@cshomeloan.com		,		
	E-mail address: (to be	used for future annual report notification)			
For furthe	r information concerning this matter, please cal	H:	, 1		
Ryan Kerian		919 296-1608			
_	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
Ī	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
þ	inclosed is a check for the following amount: flease make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\Bigsireq\$ \$130.00 Filing Fe		Certificate		

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

٠.

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

	Limited Etability Company; must include "Limite	d taloning company, to to to the control of taloning to taloning the control of taloning to taloning the control of taloning to taloning the control of taloning the control o	
name unavailable, enter alternate r	same adopted for the purpose of transacting business in F	lorids. The alternate name must include "Limited Liability Company,"	"I. I. C," or "LLC.")
North Carolina		,	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, it applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to detern	registration) une penalty liability)	
3540 Toringdon Way,	Suite 200	6. (Mailing Address)	
cet Address of Principal Office)		(Mailing Address)	
Charlotte, NC 28227		Charlotte, NC 28227	
Name and street address	ss of Florida registered agent: (P.O. Bo:	NOT acceptable)	i.
Name and street address Name:	S of Florida registered agent: (P.O. Box Cogency Global Inc.	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
		NOT acceptable)	·
Name:	Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee	32301	·
Name:	Cogency Global Inc. 115 North Calhoun Street, Suite 4	32301	· · · · · · · · · · · · · · · · · · ·

(Registered agent's signature)

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:	
■Manager	Name: Donny Kirby	□Manager	Name: Ryan Kerian	
■Member	Address: 3540 Toringdon Way, Suite 20 0	□Member	Address: 3540 Toringdon Way, Suite 200	
□Authorized	Charlotte, NC 28227	■Authorized	Charlotte, NC 28227	
Person		Person		
□Other	Other		□Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		□Other	□Other	
			~ .	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	□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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Pyer		
· /	Signature of an authorized person	·
Ryan Kerian		
	Typed or printed name of signee	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CORNERSTONE HOME LOANS LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of February, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of February, 2023.

Elaine & Marshall

Secretary of State