



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0005371941

Date Filed: 8/22/2023 1:13:00 PM

1. The name of the entity is: Atlantic Coast Mortgage, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |

4. Jurisdiction of formation: Virginia
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
4097 Monument Corner Drive Ste: 600 Fairfax, VA 22030
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
4097 Monument Corner Drive Ste: 600 Fairfax, VA 22030
(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:
C T Corporation System; 1555 W. Shoreline Drive, Suite 100, Boise ID 83702
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Timur Tunador</u>	<u>Manager</u>	<u>4097 Monument Corner Drive Ste: 600 Fairfax, VA 22030</u>
(Name)	(Capacity)	(Address)

<u>Jonathan Coy</u>	<u>Manager</u>	<u>4097 Monument Corner Drive Ste: 600 Fairfax, VA 22030</u>
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Jonathan Coy

Signature: _____

Capacity: Manager

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

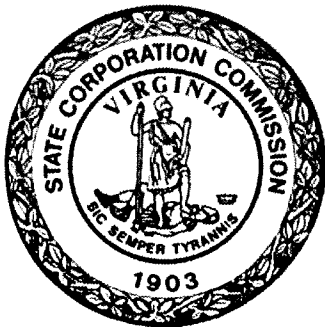
I Certify the Following from the Records of the Commission:

That Atlantic Coast Mortgage, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on March 1, 2011; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 14, 2023

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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