

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **INTEGRITY 1ST MORTGAGE LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Michigan**.
5. The date of organization is **4/1/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

38219 Mound Rd.  
STE 201  
Sterling Heights , MI 48310

**8. Required Representatives**

<b>Manager</b>	Joshua L Wright	38219 Mound Rd. Sterling Heights STE 201	MI	48310
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**9. Registered Agent/Office**

Northwest Registered Agents LLC  
212 N. 2nd Street, STE 100  
Richmond, KY 40475

I, **Joshua Wright**, consent to sign for **Northwest Registered Agents LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, July 6, 2023

As the Authorized Representative, I, **Joshua L Wright**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Managing Member**