

LLC-12

22-B08707

FILED

In the office of the Secretary of State of the State of California

FEB 17, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

PINGORA LOAN SERVICING, LLC

| 2. 12-Digit Secretary of State Entity Number | 3. State, Foreign Country or Place of Organization (only if formed outside of California) |
|----------------------------------------------|-------------------------------------------------------------------------------------------|
| 201403610296 | DELAWARE |
| | |

4. Business Addresses

| a. Street Address of Principal Office - Do not list a P.O. Box | City (no abbreviations) | State | Zip Code |
|-------------------------------------------------------------------------------------------------------|-------------------------|-------|----------|
| 1819 Wazee Street, 2nd Floor | Denver | со | 80202 |
| b. Mailing Address of LLC, if different than item 4a | City (no abbreviations) | State | Zip Code |
| 1819 Wazee Street, 2nd Floor | Denver | СО | 80202 |
| c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box | City (no abbreviations) | State | Zip Code |
| | | CA | |

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

| a. First Name, if an individual - Do not complete Item 5b | Middle Name | Last Name | Last Name | | |
|-----------------------------------------------------------|-------------|--------------|-----------|----------|--|
| Ron | | Bendalin | | | |
| b. Entity Name - Do not complete Item 5a | | | | | |
| c. Address | City (no ab | breviations) | State | Zip Code | |
| 1819 Wazee Street, 2nd Floor | Denver | | СО | 80202 | |

| INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address. | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------|-----------------------|---------------------------|-------------|----------|--------|--|
| a. California Agent's First Name (if agent is not a corporation) | | Midd | Middle Name Last Name | | ie | | Suffix | |
| b. Street Address P.O. Box | (if agent is not a corporation) - Do not enter | a | City (no abbrevi | iations) | State | Zip Co | ode | |
| | | | | | CA | | | |
| CORPORAT | ION – Complete Item 6c only. Only include the | ne nam | e of the registere | d agent Co | rporation | | | |
| | stered Corporate Agent's Name (if agent is a c RVICE COMPANY WHICH WILL DO BUSINESS IN (| • | • | mplete Item LAWYERS IN | | | ERVICE | |
| 7. Type of Busi | iness | | | | | | | |
| | of business or services of the Limited Liability | Comp | any | | | | | |
| Loan Servicing | | | | | | | | |
| 8. Chief Execu | tive Officer, if elected or appointed | | | | | | | |
| a. First Name | | Midd | e Name | Last Name | | Suffi | | |
| Michael | | | Lau | | | | | |
| b. Address | | | City (no abbrevi | iations) | State | Zip Co | | |
| 1819 Wazee Stree | et, 2nd Floor | | Denver | | СО | 80202 | | |
| 9. Labor Judgr | nent | | | | | | | |
| Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code? | | | | | | | | |
| | l affirm under penalty of perjury that the in by California law to sign. | nforma | tion herein is tru | ue and cor | rect and | that I a | am | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 02/17/2022 | Ron Bendalin | | Manager | | | | | |
| Date | Type or Print Name | | Title | Sig | gnature | | | |

6. Service of Process (Must provide either Individual **OR** Corporation.)

LLC-12A Attachment

22-B08707

| Α. | Limited | Liabili | ty Con | npany N | lame |
|-----|---------|---------|--------|---------|------|
| PIN | IGORA I | LOAN | SERV | ICING. | LLC |

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| B. 12-Digit Secretary of State File Number C. | | | State or Place of Organization (only if formed outside of California) |
|-----------------------------------------------|--------------|--|-----------------------------------------------------------------------|
| | 201403610296 | | DELAWARE |

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

| First Name Michael | Middle Name P. | Last Name Lau | | | Suffix | | | |
|-----------------------------------------|--------------------------------|----------------------|-------------|---------------|------------|--|--|--|
| Entity Name | | | | | | | | |
| Address 1819 Wazee Street, 2nd Floor | City (no abbreviations) Denver | | State CO | Zip (8020 | Code)2 | | | |
| First Name Todd | Middle Name | Last Name Wallace | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address 1819 Wazee Street, 2nd Floor | City (no abbreviations) Denver | | State CO | Zip (802 | Code 02 | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| First Name | Middle Name Last Name | | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| | | | | | | | | |