

F18 000004631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

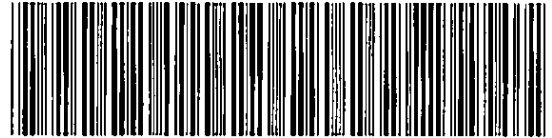
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

6411-524



700395030507

2022 SEP 23 PM 4:44

FALEX

2022 SEP 23 PM 8:56

9/30/2022

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 09/23/22**

**NAME: LIL' WAVE FINANCIAL, INC.**

**TYPE OF FILING: AMENDMENT**

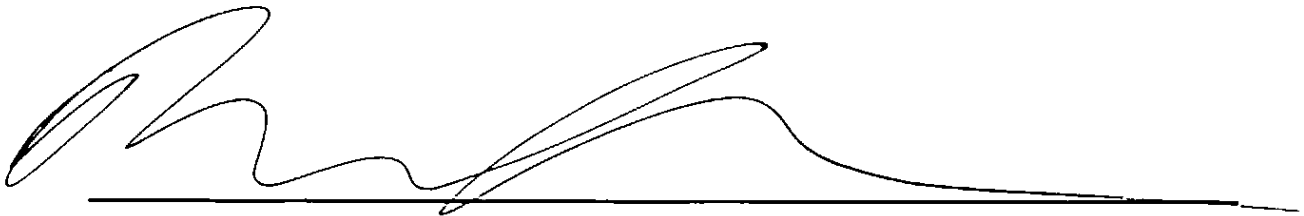
**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**


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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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*Please file? Return ASAP if possible.   
Sorry - Thank you!*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Lil' Wave Financial, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F1800004631

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Harari

\_\_\_\_\_  
Name of Contact Person

Lil' Wave Financial, Inc.

\_\_\_\_\_  
Firm/Company

8920 West Tropicana Ave, #103

\_\_\_\_\_  
Address

Las Vegas, NV 89147

\_\_\_\_\_  
City/State and Zip Code

barry@superiorloanservicing.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Harari

\_\_\_\_\_  
Name of Contact Person

at ( 818 ) 483-0027

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy       \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2022 SEP 29 PM 2:08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: LIL' WAVE FINANCIAL, INC.  
Ref. Number: F18000004631

We have received your document for LIL' WAVE FINANCIAL, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please submit a certificate or document reflecting the change of jurisdiction from California to Nevada.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 922A00021612

*Please keep original file date & call if there are still issues. Thank you! \**  
*850-216-0457*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP 27 PM 2:03

September 26, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: LIL' WAVE FINANCIAL, INC.  
Ref. Number: F18000004631

We have received your document for LIL' WAVE FINANCIAL, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct number 2.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 522A00021419

*Please keep original file date*

*Thank you!*

05500000 2018 05 06

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F1800004631

\_\_\_\_\_  
(Document number of corporation (if known))

1. Lil' Wave Financial, Inc.

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. CA

\_\_\_\_\_  
(Incorporated under laws of)

3. 10/05/2018

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Nevada

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

*New Registered Office Address:* \_\_\_\_\_

\_\_\_\_\_  
(City)

Florida

\_\_\_\_\_  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

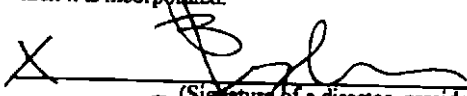
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

BARUCH HARARI  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

CEO/Pres  
 \_\_\_\_\_  
 (Title of person signing)

FILING FEE \$35.00

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LIL' WAVE FINANCIAL, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/05/2021, and is in good standing in this state.



Certificate Number: B202209082988657

You may verify this certificate  
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Great Seal of State, at my  
office on 09/08/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State



**BARBARA K. CEGAVSKE**  
Secretary of State

**KIMBERLEY PERONDI**  
Deputy Secretary for  
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

Commercial Recordings Division  
202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888

Certified Copy

07/15/2022 14:25:00 PM

Work Order Number: W2022071501192 - 2251144  
Reference Number: 20222463247  
Through Date: 07/15/2022 14:25:00 PM  
Corporate Name: LIL' WAVE FINANCIAL, INC.

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20211937884	Articles of Merger - 12/03/2021	4
20211924013	Articles of Incorporation-For-Profit - 11/05/2021	4



Certified By: Electronically Certified  
Certificate Number: B202207152828741  
You may verify this certificate  
online at <http://www.nvsos.gov>

Respectfully,

Handwritten signature of Barbara K. Cegavske in black ink.

BARBARA K. CEGAVSKE  
Nevada Secretary of State



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-6708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E19240142021-9
Secretary of State State Of Nevada	Filing Number 20211937884
	Filed On 12/3/2021 3:14:00 PM
	Number of Pages 4

ABOVE SPACE IS FOR OFFICE USE ONLY

**Articles of Conversion/Exchange/Merger**  
**NRS 92A.200 and 92A.205**

This filing completes the following:  Conversion  Exchange  Merger

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity Information:</b> (Constituent, Acquired or Merging)	Entity Name: LIL' WAVE FINANCIAL, INC. Jurisdiction: CALIFORNIA Entity Type: CORPORATION <i>If more than one entity being acquired or merging please attach additional page.</i>
<b>2. Entity Information:</b> (Resulting, Acquiring or Surviving)	Entity Name: LIL' WAVE FINANCIAL, INC. Jurisdiction: NEVADA Entity Type: CORPORATION
<b>3. Plan of Conversion, Exchange or Merger:</b> (select one box)	<input type="checkbox"/> The entire plan of conversion, exchange or merger is attached to these articles. <input checked="" type="checkbox"/> The complete executed plan of conversion is on file at the registered office or principal place of business of the resulting entity. The entire plan of exchange or merger is on file at the registered office of the acquiring corporation, limited-liability company or business trust, or at the records office address if a limited partnership, or other place of business of the acquiring entity (NRS 92A.200). <input type="checkbox"/> The complete executed plan of conversion for the resulting domestic limited partnership is on file at the records office required by NRS 88.330. (Conversion only)
<b>4. Approval:</b> (If more than one entity being acquired or merging please attach additional approval page.)	<b>Exchange/Merger:</b> Owner's approval (NRS 92A.200) (options a, b or c must be used for each entity) <input type="checkbox"/> A. Owner's approval was not required from the: <input type="checkbox"/> Acquired/merging <input type="checkbox"/> Acquiring/surviving <input checked="" type="checkbox"/> B. The plan was approved by the required consent of the owners of: <input checked="" type="checkbox"/> Acquired/merging <input checked="" type="checkbox"/> Acquiring/surviving <input type="checkbox"/> C. Approval of plan of exchange/merger for Nevada non-profit corporation (NRS 92A.160): Non-profit Corporations only: The plan of exchange/merger has been approved by the directors of the corporation and by each public officer or other person whose approval of the plan of merger is required by the articles of incorporation of the domestic corporation. <input type="checkbox"/> Acquired/merging <input type="checkbox"/> Acquiring/surviving LIL' WAVE FINANCIAL, INC., A CALIFORNIA CORPORATION Name of acquired/merging entity LIL' WAVE FINANCIAL, INC., A NEVADA CORPORATION Name of acquiring/surviving entity
<b>5. Effective Date and Time:</b> (Optional)	Date: 12/03/2021 Time: _____ (must not be later than 90 days after the certificate is filed)

\* corporation, limited partnership, limited-liability limited partnership, limited-liability company or business trust.



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

ABOVE SPACE IS FOR OFFICE USE ONLY

## Articles of Conversion/Exchange/Merger

### NRS 92A.200 and 92A.205

This filing completes the following:  Conversion  Exchange  Merger

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<p><b>4. Approval Continued:</b>          (If more than one entity being acquired or merging please attach additional approval page.)</p>	<p><b>Exchange/Merger:</b>          Owner's approval (NRS 92A.200) (options a, b or c must be used for each entity)</p> <p><input type="checkbox"/> A. Owner's approval was not required from the:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p><input type="checkbox"/> B. The plan was approved by the required consent of the owners of:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p><input type="checkbox"/> C. Approval of plan of exchange for Nevada non-profit corporation (NRS 92A.160):          Non-profit Corporations only: The plan of exchange/merger has been approved by the directors of the corporation and by each public officer or other person whose approval of the plan of merger is required by the articles of incorporation of the domestic corporation.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p>_____          Name of acquired/merging entity</p> <p>_____          Name of acquiring/surviving entity</p>
<p><b>4. Approval Continued:</b>          (If more than one entity being acquired or merging please attach additional approval page.)</p>	<p><b>Exchange/Merger:</b>          Owner's approval (NRS 92A.200) (options a, b or c must be used for each entity)</p> <p><input type="checkbox"/> A. Owner's approval was not required from the:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p><input type="checkbox"/> B. The plan was approved by the required consent of the owners of:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p><input type="checkbox"/> C. Approval of plan of exchange for Nevada non-profit corporation (NRS 92A.160):          Non-profit Corporations only: The plan of exchange/merger has been approved by the directors of the corporation and by each public officer or other person whose approval of the plan of merger is required by the articles of incorporation of the domestic corporation.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Acquired/merging  <input type="checkbox"/> Acquiring/surviving</p> <p>_____          Name of acquired/merging entity</p> <p>_____          Name of acquiring/surviving entity</p>

\* corporation, limited partnership, limited-liability limited partnership, limited-liability company or business trust.



BARBARA K. CEGAVSKE  
 Secretary of State  
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 Carson City, Nevada 89701-4201  
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 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

## Articles of Conversion/Exchange/Merger

**NRS 92A.200 and 91A.205**

<b>6. Forwarding Address for Service of Process:</b> (Conversion and Mergers only, if resulting/surviving entity is foreign)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 40%;">Country</td> </tr> <tr> <td>Care of:</td> <td></td> </tr> <tr> <td>Address</td> <td>City State Zip/Postal Code</td> </tr> </table>	Name	Country	Care of:		Address	City State Zip/Postal Code
Name	Country						
Care of:							
Address	City State Zip/Postal Code						
<b>7. Amendment, if any, to the articles or certificate of the surviving entity. (NRS 92A.200):</b> (Merger only) **	<p>** Amended and restated articles may be attached as an exhibit or integrated into the articles of merger. Please entitle them "Restated" or "Amended and Restated," accordingly. The form to accompany restated articles prescribed by the secretary of state must accompany the amended and/or restated articles. Pursuant to NRS 92A.180 (merger of subsidiary into parent - Nevada parent owning 90% or more of subsidiary), the articles of merger may not contain amendments to the constituent documents of the surviving entity except that the name of the surviving entity may be changed.</p>						
<b>8. Declaration:</b> (Exchange and Merger only)	<p><b>Exchange:</b></p> <p><input type="checkbox"/> The undersigned declares that a plan of exchange has been adopted by each constituent entity (NRS 92A.200).</p> <p><b>Merger: (Select one box)</b></p> <p><input checked="" type="checkbox"/> The undersigned declares that a plan of merger has been adopted by each constituent entity (NRS 92A.200).</p> <p><input type="checkbox"/> The undersigned declares that a plan of merger has been adopted by the parent domestic entity (NRS 92A.180).</p>						
<b>9. Signature Statement: (Required)</b>	<p><input type="checkbox"/> <b>Conversion:</b>          A plan of conversion has been adopted by the constituent entity in compliance with the law of the jurisdiction governing the constituent entity.</p> <p>Signatures - must be signed by:</p> <p>1. If constituent entity is a Nevada entity: an officer of each Nevada corporation; all general partners of each Nevada limited partnership or limited-liability limited partnership; a manager of each Nevada limited-liability company with managers or one member if there are no managers; a trustee of each Nevada business trust; a managing partner of a Nevada limited-liability partnership (a.k.a. general partnership governed by NRS chapter 87).</p> <p>2. If constituent entity is a foreign entity: must be signed by the constituent entity in the manner provided by the law governing it.</p> <p style="text-align: center;">_____</p> <p>Name of constituent entity</p>						



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**Articles of Conversion/Exchange/Merger**  
**NRS 92A.200 and 91A.205**

**9. Signature Statement**  
 Continued: (Required)

**Exchange:**  
 Signatures - Must be signed by: An officer of each Nevada corporation; All general partners of each Nevada limited partnership; All general partners of each Nevada limited-liability limited partnership; A manager of each Nevada limited-liability company with managers or a member if there are no Managers; A trustee of each Nevada business trust (NRS 92A.230)  
 Unless otherwise provided in the certificate of trust or governing instrument of a business trust, an exchange must be approved by all the trustees and beneficial owners of each business trust that is a constituent entity in the exchange.  
 The articles of exchange must be signed by each foreign constituent entity in the manner provided by the law governing it (NRS 92A.230). Additional signature blocks may be added to this page or as an attachment, as needed

**Merger:**  
 Signatures - Must be signed by: An officer of each Nevada corporation; All general partners of each Nevada limited partnership; All general partners of each Nevada limited-liability limited partnership; A manager of each Nevada limited-liability company with managers or one member if there are no managers, A trustee of each Nevada business trust (NRS 92A.230).  
 The articles of merger must be signed by each foreign constituent entity in the manner provided by the law governing it (NRS 92A.230). Additional signature blocks may be added to this page or as an attachment, as needed.

**10. Signature(s):**  
 (Required)

LIL' WAVE FINANCIAL, INC., A CALIFORNIA CORPORATION  
 Name of acquired/merging entity

X		PRESIDENT	12/03/2021
	Signature (Exchange/Merger)	Title	Date

*If more than one entity being acquired or merging please attach additional page of information and signatures*

LIL' WAVE FINANCIAL, INC., A NEVADA CORPORATION  
 Name of acquiring/surviving entity

X		PRESIDENT	12/03/2021
	Signature (Exchange/Merger)	Title	Date

X \_\_\_\_\_  
 Signature of Constituent Entity (Conversion) Title Date

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvs.gov/vorflume.gov](http://www.nvs.gov/vorflume.gov)

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E19240142021-9
Secretary of State State Of Nevada	Filing Number 20211924013
	Filed On 11/5/2021 10:00:00 AM
	Number of Pages 4

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## Formation - Profit Corporation

NRS 78 - Articles of Incorporation Domestic Corporation     NRS 80 - Foreign Corporation     NRS 89 - Articles of Incorporation Professional Corporation

### 78A Formation - Close Corporation

(Name of Close Corporation MUST appear in the below heading)

Articles of Formation of \_\_\_\_\_ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name of Entity:  
(If foreign, name in home jurisdiction)

LIL' WAVE FINANCIAL, INC.

2. Registered Agent for Service of Process: (Check only one box)

Commercial Registered Agent: (name only below)     Noncommercial Registered Agent: (name and address below)     Office or Position with Entity (title and address below)

GORDON LAW, LLC

Name of Registered Agent OR Title of Office or Position with Entity

2850 W. HORIZON RIDGE PKWY    HENDERSON    Nevada 89052  
 Street Address    City    State    Zip Code

Mailing Address (If different from street address)    City    State    Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X \_\_\_\_\_ 11-10-2021  
 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity    Date

3. Governing Board:  
(NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors  Yes  OR  No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

1) BARRY A HARARI    USA  
 Name    Country  
 8920 W. TROPICANA AVE., #103    LAS VEGAS    NV 89418  
 Street Address    City    State    Zip/Postal Code

2).  
 Name    Country  
 Street Address    City    State    Zip/Postal Code

3)  
 Name    Country  
 Street Address    City    State    Zip/Postal Code

(NRS 78: Board of Directors/ Trustees is required.  
 NRS 78a: Required if the Close Corporation is governed by a board of directors.  
 NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation.



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsliverflume.gov](http://www.nvsliverflume.gov)

**Formation -  
 Profit Corporation**  
 Continued, Page 2

<b>6. Benefit Corporation:</b> <small>(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)</small>	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes <input type="checkbox"/>
---	--	---------------------------------

<b>7. Purpose/Profession to be practiced:</b> <small>(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)</small>	
---	--

<b>8. Authorized Shares:</b> <small>(Number of shares corporation is authorized to issue)</small>	Number of Authorized shares with Par value: 1000 Par value: \$0.010000000 Number of Common shares with Par value: _____ Par value: \$ _____ Number of Preferred shares with Par value: _____ Par value: \$ _____ Number of shares with no par value: _____ If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.
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<b>9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.</b>  <b>Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.</b>	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.  <b>BARRY A HARARI</b> USA <small>Name Country</small> 8920 W. TROPICANA AVE., #103 LAS VEGAS NV 89148 <small>Address City State Zip/Postal Code</small> <input checked="" type="checkbox"/> <small>(attach additional page if necessary)</small>
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**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 884-5708  
 Website: www.nvsos.gov

## Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b>	Name of represented entity: <div style="border: 1px solid black; padding: 2px;">LIL WAVE FINANCIAL</div> Entity or Nevada Business Identification Number (NVID): (for entities currently on file)
<b>2. Registered Agent Acceptance:</b>	<input checked="" type="checkbox"/> Registered Agent Acceptance
<b>3. Information Being Changed:</b>	Statement of Change takes the following effect: (select only one) <input checked="" type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
<b>4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)</b>	Name of Registered Agent OR Title of Office or Position with Entity  Nevada Street Address City Zip Code  Nevada: Mailing Address (if different from street address) City Zip Code
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b>	<input checked="" type="checkbox"/> Commercial Registered Agent: (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below)  GORDON LAW, LLC Name of Registered Agent OR Title of Office or Position within Entity 2850 W. HORIZON RIDGE PKWY., STE 200    HENDERSON    Nevada 89052 Street Address City Zip Code  Nevada: Mailing Address (if different from street address) City Zip Code
<b>6. Electronic Notification: (Optional)</b>	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only:
<b>7. Certificate of Acceptance of Appointment of Registered Agent: (Required)</b>	<p style="text-align: center;"><i>I hereby accept appointment as Registered Agent for the above named Entity.</i></p> <input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity    11-10-2021 <span style="float: right;">Date</span>
<b>8. Signature of Represented Entity: (Required)</b>	<input checked="" type="checkbox"/> Authorized Signature On Behalf of the Entity    11-10-2021 <span style="float: right;">Date</span>

**FEE: \$60.00**

This form must be accompanied by appropriate fees.





STEVE SISOLAK  
*Governor*

STATE OF NEVADA  
**DIVISION OF MORTGAGE LENDING**  
DEPARTMENT OF BUSINESS AND INDUSTRY  
1830 College Parkway, Suite 100  
Carson City, Nevada 89706  
(775) 684-7060 Fax (775) 684-7061  
Web Address: [mld.nv.gov](http://mld.nv.gov)

TERRY REYNOLDS  
*Director*

CATHY SHEEHY  
*Commissioner*

### MEMORANDUM

**Date:** October 22, 2021  
**From:** Liliana Gutierrez, Administrative Assistant IV *LG*  
**To:** Secretary of State, Corporations Division  
**Subject:** Lil' Wave Financial, Inc.

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The Division of Mortgage Lending is in receipt of the subject firm's request for permission to add a dba name to their license. They are adding the dba of **Superior Loan Servicing** with the Nevada Secretary of State. As applicable, and pursuant to Chapter 78 of the NRS, the Division of Mortgage Lending has no objection to this firm adding the dba name to their corporate name utilizing the word "Loan".