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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

APR 1 5 2015 **T. BROWN**

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 1st Signature Lending
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Sandy Densborn
Name of Person
1st Signature Lending
Firm/Company
54 N 9th St, Ste 2 5 4 (254)
Address
Noblesville, IN 46060
City/State and Zip Code
sandy@1stsl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandy Densborn 317 759-5635
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations Projectories Section
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



February 18, 2015

Florida Department of State
Division of Corporations – Registration Section
P.O: Box 6327
Tallahassee, FL 32314

Dear Registration Section:

Enclosed is the information required to register for a Foreign LLC in the State of Company for 1st Signature Lenging from Noblesville, Indiana.

Check # 1338 for \$130.00 is enclosed for:

Filing Fee: \$100.00

Designation of Registered Agent: \$25.00

Certificate of Status: \$5.00

Please return all documentation to my attention at the information provided below.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Sandy Densborn Director of Compliance 1st Signature Lending 54 N 9th St, Ste 254 Noblesville, IN 46060 317-759-5635



March 5, 2015

SANDY DENSBORN 1ST SIGNATURE LENDING 54 N 9TH STREET STE 254 NOBLESVILLE, IN 46060

SUBJECT: 1ST SIGNATURE LENDING, LLC

Ref. Number: W15000015940

We have received your document for 1ST SIGNATURE LENDING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Letter Number: 015A00004571



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2015

SANDY DENSBORN 1ST SIGNATURE LENDING 54 N 9TH STREET STE 254 NOBLESVILLE, IN 46060

SUBJECT: 1ST SIGNATURE LENDING, LLC

Ref. Number: W15000015940

We have received your document for 1ST SIGNATURE LENDING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 015A00006180

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

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS 1 1st Signature Lending, LLC	S IN THE STATE OF FLORIDA;
(Name of Foreign Limited Liability Company: must include "Limited	Liability Company." "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting bu Liability Company," "L.L.C." or "LLC.")	isiness in Florida. The alternate name must include "Limited
_{2.} Indiana 3. 01-0	0737466
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable).
4. N/A	
(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to dete	rior to registration.)
_{5.} 54 N 9th St, Ste 2 5 4 (254)	
Noblesville, IN 46060	PA PO TO
(Street Address of Principal 6. 54 N 9th St, Ste 2 § 4 (254)	Office)
Noblesville, IN 46060	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who	•
Steven K Menner, 701 Ginger Ln, Fr	anklin Lakes, NJ 07417 Authorited
Victor Vance, 326 Hall Ct, Noblesville	H. Carrier S.
Michael Johnson, 11861 Salerno Ct,	
8. Attached is an original certificate of existence, no more than having custody of records in the jurisdiction under the law of w acceptable. If the certificate is in a foreign language, a translation must be submitted) Signature of an authorize (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirm	which it is organized. (A photocopy is not on of the certificate under oath of the translator zed person mation under the penalties of perjury that the facts stated herein are true. I
am aware that any false information submitted in a document to the Department of State cons	Huorized
Victor Vance, CEO N	Ember (AMBR)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

CARRESSER PARE 20 PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

1st Signature Lending, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Incorp Services, Inc.

17888 67th Ct North

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

> \$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

tigamon behalf of InCorp Services, Inc.

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

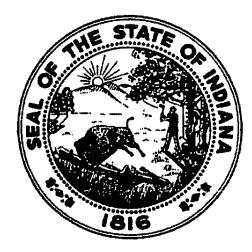
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

1ST SIGNATURE LENDING, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 31, 2002, and was in existence or authorized to transact business in the State of Indiana on March 16, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixteenth Day of March, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

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