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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: _	KDD Lending, L	LC Name of Lin	nited Liability Compa	ny	_
		reign Limited Liability Compared to register the above reference			
Please return al	Il correspondence	concerning this matter to the fo	ollowing:		
	Debbi Tr	an			
			ne of Person		_
	KDD Lend	tina. LLC			
			n/Company		_
	2301 W. A	Anderson Ln Ste. P			2022 DEC -7 PH 1: 07
Address					
	Austin	TX		78757	
		City/Stat	e and Zip Code		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	debbie_tran	@live.com			0.7
		E-mail address: (to be used f	or future annual repor	notification)	
For further info	ormation concernit	ng this matter, please call:			
De	bbi Tran		at ()(5	612) 698-0133	_
	Name o	of Contact Person	Area Code	Daytime Telephone Number	
Regis Divis P.O.	ng Address: stration Section sion of Corporat Box 6327 hassee, FL 323				
Enclos	sed is a check for t	he following amount:			
X 1 \$ 12	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Statu	☐ \$155,00 Filing Fe s Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L KDD Lending, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") TX (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905; F.S. in determine penalty liability.) 6. 2301 W. Anderson Ln Ste. P 2301 W. Anderson Ln Ste. P (Street Address of Principal Office) (Mailing Address) TX 78757 TX 78757 Austin Austin 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Registered Agents Inc** Name: 7901 4th St. N STE 300 Office Address:

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

incgistered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity	<u>:</u>	Name and	Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: De	bbi Tran	·	□Manager	Name:	
X Member	ember Address: 2301 W. Anderson Ln Ste. P			□Member	Address:	
□Authorized	Austin	TX	78757	□Authorized	· · · · · · · · · · · · · · · · · · ·	
Person			<u></u>	Person		
□Other		□Other		□Other		□Other
□Manager	Name:			□Manager	Name:	
□Member	Address: _		<u> </u>	□Member	Address:	
□Authorized				□Authorized		. 22
Person				Person		** C
□Other	· 	□Other		□Other		Other 10 T
□Manager	Name:			□Manager	Name:	
□Member	Address: _			□Member	Address:	
□Authorized				□Authorized		
Person	<u> </u>			Person	 	
□Other		□Other		□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Signature of an authorized person



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for KDD Lending, LLC (file number 804287821), a Domestic Limited Liability Company (LLC), was filed in this office on October 26, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 07, 2022.



John B. Scott Secretary of State