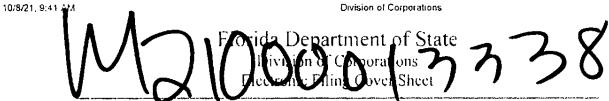
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From: Kimberly Laughrey

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of C	orporations		7421 001
	Fax Number	: (850)617-6383		2
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From:				
	Account Name	: C T CORPORATION SYSTEM		ĭ
	Account Numbe	r : FC4000000023		α
	Phone	: (614)280-3338		
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Foreign Limited Liability Company LendingPoint LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

LendingPoint LLC	,	•		
(Pame ul Forciga	a Limited Liability Company, must include "Limited	Liability Company, "T. L.C., or "L.C."		
N/A	·	,		
lf rume emavailable, emer alternate	name adopted for the purpose of transacting business in FL	rids. The alternace came must melude "Limited Liability Com-	pany,?"[LL C," or "L,LC ")	
Delaware		47-1697765		
(Jurisdaction makes the low of which foreign limited liability company is organized)		3. (FEI manbes, if applicable)		
		•	•	
N/A 				
	(Other first transacted business in Florida, if prior to e (See acctions 505,0904 & 605,0905 P.S. to determine	egistration.) e penalty hability)		
1201 Roberts Blvd NW		1201 Roberts Blvd NW		
Street Address of Principal Office)		6. (Mailing Address)		
Suite 200		Suite 200		
Kennesaw, GA 30144		Kennesaw, GA 30144	77	
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	DC.7 -	
.Name:	C T Corporation System		8 PH	
Office Address:	1200 South Pine Island Road		F	
	Plantation	33324 . Florida		
	(Cay)	(7ip ccds)		
esignated in this applica comply with the provisi	gistered agent and to accept service of pr tion. I hereby accept the appointment as	ocess for the above stated limited liability coregistered agent and agree to act in this caped and complete performance of my duties, and	pacity. I further agree	
E	C T Corporation System	By: Kaity Toon, Asst Secretary	Kan Jan	

8. For initial indexing purposes, list	names, title or capacity and addresses of the primary	members/minuseurs at percone authorized to
manage [up to six (6) total];		menipers managera of persons andiorized to

Title or Capacity: ☐Manager ☐Member ☐Authorized Person ☐Other	Name and Address: Thomas Burnside, CEO Address: 1201 Roberts Bivd NW Suite 200, Kennesaw GA 30144 DOther	Title or Capacity: ☐Manager ☐Member ☐Authorized Person ☐Other	Name and Address: Oreg McLaughlin. Address: General Counsel 1201 Roberts Blvd NW, Suite 200 Kennesaw, GA 30144 GOther
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:Address;	□Manager □Member □Authorized Person □Other	Name:
☐Manager ☐Member ☐Authorized Person ☐Other	Address:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: OCC 19 Address: PPH 19 DOther 12

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 fitting 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		
Greg McLaughlin, General Counsel		
Typed of printed name of signer		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LENDINGPOINT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LENDINGPOINT LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203679356

Date: 07-15-21