

1331 East Lafayette Street, Suite F Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111

Office Use Only

STATE CONTRA

| CORPORATION NA | ME(S) & DOCUMENT NUMBER(S), (if known): |
|--|---|
| 1. Alterni | tion Name) Group Trc. |
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| 3. (Corpora | tion Name) (Document #) |
| 4. <u>(Corpora</u> | tion Name) (Document #) |
| Walk in | Pick up time U/3 AM Certified Copy Will wait Photocopy Certificate of Status 5 |
| Mail out | Will wait Photocopy Certificate of Status 5 |
| NEW FILINGS | AMENDMENTS |
| Profit | Amendment No. 17-8 |
| NonProfit | Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger Amendment Resignation of R.A., Officer/ Director Requires Requires Log pot of |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal Requires |
| Other | Merger Soffix Eleans |
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| OTHER FILINGS | REGISTRATION/ |
| Annual Report | |
| Fictitious Name | Foreign |
| Name Reservation | Limited Partnership |
| 1 | Reinstatement |
| - | Trademark Sh) |
| | Other |
| | Examiner's Initials |

RESOLUTION OF BOARD OF DIRECTORS

| I, the undersigned, do hereby certify |
|--|
| that this Resolution of the Board of Directors of ALTERNATIVE LENDING GROUP, INC. |
| a corporation duly organized and existing under the laws of the State of <u>TUTNOTS</u> , |
| was duly adopted on Aubust 15, 18 2000. |
| Resolved, that AITEUNATIVE LENDING Group, Inc., organized 5 |
| and existing in the State of TUINETS, hereby adopts the |
| nameAITERNATIVELENDING . Com, Inc for use in Florida. |
| Dated: 8/15/00. |
| Signature of at least one director |
| Nitnessed this tugust 15th 2000. |
| KAREN L. IVERSLIE Notary Public · Arizona Maricopa County My Commission Expires Jan. 7, 2003 Montany Public My Commission Expires Jan. 7, 2003 |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | ALTERNATIVE LENDING GAOUP. THE. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) | |
|-----------------|--|------------|
| 2 . | TLUTHOTS 36-39 94650 (State or country under the law of which it is incorporated) (FEI number, if applicable) | W 0. 1.0 |
| 4. | Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") | 6 |
| 6. | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 1430 E MISSOURI AVE SUITE 125 | DEN SHOW |
| 爭. | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 1430 E MISSOURI AVE SUITE 125 PHOENIX AT 85014 (Current mailing address) Montage Broker/Lending | of College |
| | (Purpose(s) of corporation authorized in home state of country to be carried out in the state of 1 fortuary | BATIONS |
| : 9. | . Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| | Name: Dave Toylor FOR | |
| | Office Address FLORIDA COMPLIANCE SPECIALIST, INC. 1331 E. LAFAYETTE STREET, STE. F TALLAHASSEE, FLORIDA 32301 , Florida , (Zip Code) | |
| ,1 | 0. Registered agent's acceptance: | |
| E C | Having been named as registered agent and to accept service of process for the above state of the appointment corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisionall statutes relative to the proper and complete performance of my duties, and I am familiar value accept the obligations of my position as registered agent. | s of |
| | | |
| | (Registered agent's signature) | |
| _1 | 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is | |

incorporated.

| Chairman: | |
|---|--|
| Address: | <u> </u> |
| | |
| Vice Chairman: | = · |
| Address: | , - |
| | |
| Director: | <u> </u> |
| Address: | _ 8 📆 |
| | |
| Director: | |
| Address: | |
| | 9: 000 |
| B. OFFICERS (Street address only- P. O. Box NOT acceptable) | O ONS |
| President: R. JEFFLEY MERTZ | . |
| Address: 1430 E. Missour Ave # 125 | er de de |
| PHOENTY AZ B5014 | |
| Vice President: JONATHAN V RELLE | <u> </u> |
| Address: 1430 E. Missouer Ave # 125 | |
| PHOENIX, AZ B5014 | |
| Secretary: | |
| Address: | e e service |
| | enter the contract of the cont |
| Treasurer: | · · · · · · · · · · · · · · · · · · · |
| Address: | • • • • |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional | |
| officers and/or directors. | |
| | |
| (Signature of Chairman, Vice Chair part or any officer listed in number 12 of the application) | |
| 14. JONATHAN URECL VICE PRESIDENT (Typed or printed name and capacity of person signing application) | |

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that Neredy certify that

ALTERNATIVE LENDING GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DAY THE PROPERTY OF THE PROPERTY



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this _____ day of _____

SECRETARY OF STATE