

FO1000003870

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lending Solutions Unlimited, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melinda Ziegler

(Name of Person)

Lending Solutions Unlimited, Inc.

(Firm/Company)

3588 Grand Oaks Way Unit A

(Address)

Destin, Florida 32541

(City/State and Zip code)

For further information concerning this matter, please call:

Melinda Ziegler at (985) 966-4284

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 20 PM 2:03

FILED

mtw

7/23

**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. Lending Solutions Unlimited, Inc.
(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. Louisiana 3. 72-1492413
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-22-00 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. ~~#43~~ 3588 Grand Oaks Way Unit A • Destin • FL
(Principal office address) 32541
Same
(Current mailing address)
8. Mortgage secondary lending
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Melinda Ziegler
Office Address: 3588 Grand Oaks Way Unit A
Destin, Florida 32541
(City) (Zip code)

FILED
01 JUL 20 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Melinda Ziegler
(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Melinda Ziegler

Address: 3588 Grand Oaks Way Unit A
Destin, Florida 32541

Vice Chairman: Joey Ziegler

Address: 3588 Grand Oaks Way Unit A
Destin, Florida 32541

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Melinda Ziegler

Address: 3588 Grand Oaks Way Unit A
Destin, Florida 32541

Vice President: _____

Address: _____

Secretary: Treas Joey Ziegler

Address: 3588 Grand Oaks Way Unit A
Destin, Florida 32541

Treasurer: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Melinda Ziegler

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melinda Ziegler / President

(Typed or printed name and capacity of person signing application)

FILED
01 JUL 20 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
State of Louisiana

Fox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

LENDING SOLUTIONS UNLIMITED, INC.

Domiciled at COVINGTON, LOUISIANA,

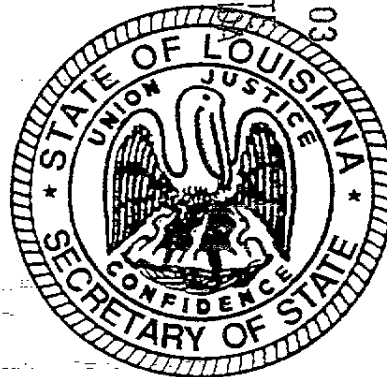
Were filed in this Office and a Certificate of Incorporation
was issued on December 22, 2000,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

July 12, 2001
Fox McKeithen

CLO 35018952D
Secretary of State



FILED
01 JUL 20 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA