

FU5000005389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

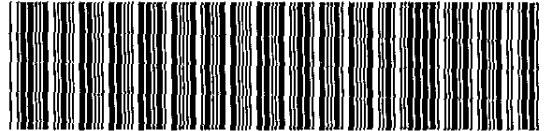
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



200059602552

09/16/05--01002--007 **78.75

FILED
05 SEP 15 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 SEP 15 PM 3:16
05 SEP 15 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hanson Place
Tallahassee, Florida 32301
Voice: (850) 942-5464 Fax: (850) 942-5111
www.floridacompliance.com

FILED
05 SEP 15 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Lendarm INC (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
05 SEP 16 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Walk in

☐ Pick up time 9-14
9-6

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**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. LENDARM, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

(State or country under the law of which it is incorporated)

3. 54-2158892

(FEI number, if applicable)

4. 8-20-2004

(Date of incorporation)

5. PERPETUAL

(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. 9425 STENTON AVE. STE 108 ERDENHEIM, PA 19038

(Principal office address)

9425 STENTON AVE. STE 108 ERDENHEIM, PA 19038

(Current mailing address)

8. Any lawful mortgage brokering or lending activities.

(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: FLORIDA COMPLIANCE SPECIALISTS, INC.

Office Address: 2331 HANSEN PLACE

TALLAHASSEE

(City)

, Florida 32301

(Zip code)

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.



(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: KATHERINE MILLER

Address: 9425 STENTON AVE STE 108
ERDENHEIM PA 19038

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: KATHERINE MILLER

Address: 9425 STENTON AVE STE 108
ERDENHEIM PA 19038

Vice President: N/A

Address: _____

Secretary: KATHERINE MILLER

Address: 9425 STENTON AVE STE 108 ERDENHEIM PA 19038

Treasurer: KATHERINE MILLER

Address: 9425 STENTON AVE STE 108 ERDENHEIM PA 19038

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

13. K. Miller
(Signature of Director or Officer listed in number 12 of the application)

14. KATHERINE MILLER PRESIDENT
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

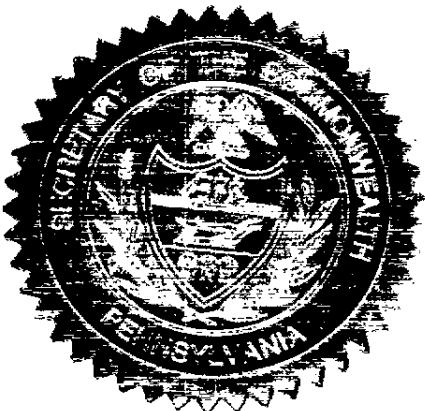
August 18, 2005

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

LENDARM, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Peter A. Santis
Secretary of the Commonwealth