

F13000005457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

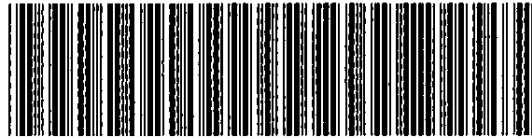
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
13 DEC 18 AM 8:11

FILED
13 DEC 18 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 932274 7743025

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : December 18, 2013

ORDER TIME : 2:55 PM

PLEASE FILE 2ND

ORDER NO. : 932274-010 WITHDRAWAL WAS FILE 1ST DUE TO
CONVERSION IN DE.

CUSTOMER NO: 7743025

FOREIGN FILINGS

NAME: CIRCLEBACK LENDING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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**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. Circleback Lending, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(State or country under the law of which it is incorporated)
3. 46 - 4331148
(FEI number, if applicable)
4. 1/18/2012
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431
(Principal office address)
Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431
(Current mailing address)
8. Internet 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 NOT acceptable)
Name: Michael Solomon
Office Address: 2500 North Military Trail, Suite 130
Boca Raton, Florida 33431
(City) (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.

Michael Solomon

By: 

(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.

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

A. DIRECTORS

Chairman: not applicable

Address: _____

Vice Chairman: not applicable

Address: _____

Director: Michael Solomon

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431

Director: Edward J. Murphy

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431

B. OFFICERS

President: Todd Walters

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431

Vice President: _____

Address: _____

Secretary: Todd Walters

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431

Treasurer: Michael Solomon

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida 33431

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Michael Solomon, Chief Executive Officer

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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

Circleback Lending, Inc.

Addendum to Item 12 B.

Additional Officers:

Chief Executive Officer: Michael Solomon

Address: Crystal Corporate Center, 2500 North Military Trail, Suite 130, Boca Raton, Florida
33431

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TALLAHASSEE FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRCLEBACK LENDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIRCLEBACK LENDING, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2012.

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


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TALLAHASSEE FLORIDA

5097244 8300

131443605

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0994237

DATE: 12-18-13