Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000010442 3)))



H140000104423ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

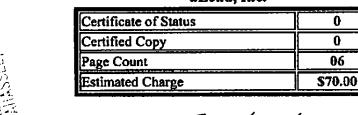
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION aLend, Inc.



Electronic Filing Menu

Corporate Filing Menu

Help

| 1/14/2014 13: | :45:00 From: To: 8506176381 | (2/6) |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| , | | |
| | | |
| | COVER LETTER | |
| | TO: New Filing Section Division of Corporations | |
| | SUBJECT: alend, lno. | |
| | 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," or "Certificate of Good Standing" 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: | |
| | Alison LaBrayere Name of Person | |
| | al end, Inc. | |
| | Firm/Company | |
| | 576 Colonial Park Drive, Suite 120 | |
| | Address Roswell, GA 30075 | |
| | City/State and Zip code alison@mideountryfinancial.com E-mall address: (to be used for future annual report notification) | |
| | For further information concerning this matter, please call: | |
| | Name of Person Area Code & Daytime Telephone Number | |
| • | STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 | |
| | Enclosed is a check for the following amount: | |
| | ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy | |

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

| (Enter name of "Inc.," "Co.," " | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| (If name unavai | lable in Florida, enter alternate corporate name | adapted for the purpose of transacting business in Florida) | |
| Nevada | · 3. | 46-4159680 | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| 11/20/13 | 5. | perpetual | |
| (Det | r of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | |
| | | | |
| | | | |
| 1700 Belleview, | (Date first transacted business in (SEE SECTIONS 607.1:50) & 607.1: Suite 300, Kansas City, MO 64112 | 502, F.S., to determine penalty liability) | |
| 1700 Belleview, | (SEE SECTIONS 607.150) & 607.1: | 502, F.S. to determine penalty liability) | |
| 4700 Belleview, | (SEE SECTIONS 607.1501 & 607.15 Suite 300, Kansas City, MO 64112 | 502, F.S., to determine penalty liability) | |
| | (SEE SECTIONS 607.1501 & 607.15 Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add) | 502, F.S., to determine penalty liability) | |
| Consumer Len | (SEE SECTIONS 607.1501 & 607.15 Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add) | ress) | |
| Consumer Len | (SEE SECTIONS 607.1:501 & 607.1: Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add ling s) of corporation authorized in home state or co | ress) ress) ress) ress) | |
| Consumer Len | (SEE SECTIONS 607.1:501 & 607.1: Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add | ress) ress) ress) ress) | |
| Consumer Lene (Purpose) Name and sire Name: | (SEE SECTIONS 607.1:501 & 607.1: Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add ting of corporation authorized in home state or constanding address of Florida registered agent: (P.C.) | ress) ress) ress) ress) | |
| Consumer Lens (Purpose) Name and sire | (SEE SECTIONS 607.1:01 & 607.1: Suite 300, Kansas City, MO 64112 (Principal office add (Current mailing add ling s) of corporation authorized in home state or corporation authorized agent: (P.C. NRAI Services, Inc. | ress) ress) ress) ress) | |

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.

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.

Fluir - SPIS SHIP Water Silver Online

| 12. Names and business addresses of officers and/or directors: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| A. DIRECTORS | |
| Chairman: Please See Attached | |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| Valuess: | |
| Director: | |
| | |
| Address: | |
| D. AFFICERS | (A) 4 |
| B. OFFICERS President: Please See Ausched | |
| | 9 (. |
| Address: | <u> </u> |
| | |
| Vice President; | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers | and/or directors. |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms tha | t the facts stated herein |
| are true and that he or she is aware that false information submitted in a document to the Departs third degree felony as provided for in \$.817.155, F.S. | |
| 14. Alison LaBruyere, Secretary | |
| (Tours of the day of the first of the second | |

aLend, Inc. (Nevada domestic)

Officers/Directors

Timothy L. Stanley, Chairman of the Board/Director 7707 N. Knoxville Ave, Suite 201, Peoria, IL 61614

Joseph B. Freeman, Executive Officer/President 7707 N. Knoxville Ave, Suite 201, Peoria, IL 61614

Alison N. LaBruyere, Secretary 576 Colonial Park Drive, Suite 120, Roswell, GA 30075

Laura Stack, Chief Financial Officer 4700 Belleview, Suite 300, Kansas City, MO 64112

Dolly Johnson, Assistant Secretary 576 Colonial Park Drive, Suite 120, Roswell, GA 30075

SECRETARY OF STATE



14 JAN 14 PH 12: 24

SECREPANCE OF STATE

FALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ALEND, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 2013, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20140110-1967
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 10, 2014.

ROSS MILLER Secretary of State