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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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
ILOAN, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

9/8/2015 9:59:17 AM From: To: 8506176383(2/6)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iLoan, 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," 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:

Leah Schroeder/Law Department

Name of Person

Springleaf Finance, Inc.

Firm/Company

601 NW Second Street

Address

Evansville, IN 47708

City/State and Zip code

Jamie.Thompson@springleaf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Schroeder

812

492-2524

at

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. iLoan, 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. Delaware 3. 47-4592354
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/14/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 NW Second Street, Evansville, IN 47708
(Principal office address)

601 NW Second Street, Evansville, IN 47708
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

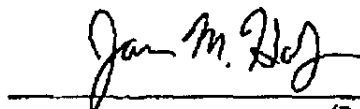
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.



James M. Halpin
Assistant Secretary

(Registered agent's signature)

10. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHMENT.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Jack R. Erkilli, Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers and Directors**

Full Name: Timothy S. Ho
Officer/Director: Officer and Director
Officer's Title: President
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

Full Name: Vincent Cluffetelli
Officer/Director: Officer and Director
Officer's Title: Senior Vice President and Chief Information Officer
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

Full Name: Minchung (Macrina) Kgil
Officer/Director: Officer and Director
Officer's Title: Executive Vice President and Chief Financial Officer
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

Full Name: Jack R. Erkill
Officer/Director: Officer
Officer's Title: Senior Vice President and Secretary
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

Full Name: Cliff Pedersen
Officer/Director: Officer
Officer's Title: Vice President – Senior Managing Director and Chief Compliance Officer
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

Full Name: David R. Schulz
Officer/Director: Officer
Officer's Title: Vice President – Senior Managing Director and Treasurer
Business Address: 601 NW Second Street
City: Evansville
State: Indiana
Zip: 47708

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILOAN, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

5784894 8300

151236622

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2690923

DATE: 08-31-15