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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

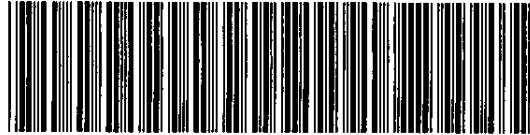
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 11 2016  
J. BRUCE

Date: January 7, 2016

From: JASON P MOEDING  
9416 SCARBOROUGH COURT  
PORT SAINT LUCIE, FL 34986

To: FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

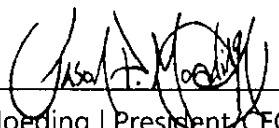
Re: Non-Revoke of Dissolution  
LOAN LYNX, LLC  
Document #: L14000148621

To Whom It May Concern:

This letter is in regards to the recently dissolved Florida Limited Liability Company (LLC), LOAN LYNX, LLC, Document #: L14000148621, with a corresponding dissolution date effective 12/31/2015. As the only authorized representative for LOAN LYNX, LLC, I am formally requesting a 'Non-Revoke of Dissolution' and release of the existing name LOAN LYNX, LLC to be refilled with the attached and enclosed 'Application by Foreign Corporation' for the substantially similar proposed name LOANLYNX, INC., incorporated under the laws of Delaware on 01/05/2016.

Should you have any additional questions or require further information, please feel free to contact me directly at (754) 206-5969.

Sincerely,

  
\_\_\_\_\_  
Jason P. Moeding | President, CEO  
LOANLYNX, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOANLYNX, 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:

JASON P MOEDING

Name of Person

LOANLYNX, INC.

Firm/Company

10302 S FEDERAL HWY, STE 300

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip code

ADMIN@LOANLYNX.COM

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

For further information concerning this matter, please call:

JASON P MOEDING

Name of Person

at ( 888 )

Area Code

501-5969

Daytime Telephone Numl

**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

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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. LOANLYNX, 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. 81-1017923  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/05/2016 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 9416 SCARBOROUGH COURT, PORT SAINT LUCIE, FL 34986  
(Principal office address)

10302 S FEDERAL HWY, STE 300, PORT SAINT LUCIE, FL 34952  
(Current mailing address, if different)

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

Name: JASON P MOEDING

Office Address: 9416 SCARBOROUGH COURT

PORT SAINT LUCIE, Florida 34986  
(City) (Zip code)

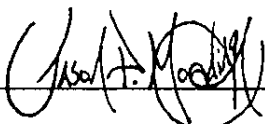
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PALM BEACH COUNTY  
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**9. Registered agent's acceptance:**

*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.*

  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_ JASON P MOEDING \_\_\_\_\_

Address: \_\_\_\_\_ 9416 SCARBOROUGH COURT \_\_\_\_\_

\_\_\_\_\_ PORT SAINT LUCIE, FL 34986 \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_ JASON P MOEDING \_\_\_\_\_

Address: \_\_\_\_\_ 9416 SCARBOROUGH COURT \_\_\_\_\_

\_\_\_\_\_ PORT SAINT LUCIE, FL 34986 \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_ JASON P MOEDING \_\_\_\_\_

Address: \_\_\_\_\_ 9416 SCARBOROUGH COURT, PORT SAINT LUCIE, FL 34986 \_\_\_\_\_

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. \_\_\_\_\_ JASON P MOEDING \_\_\_\_\_

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ADDENDUM TO THE  
APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA  
FOR  
LOANLYNX, INC.**

**ADDENDUM TO THE LIST OF OFFICERS**

**Officer/Director Detail:**

Title	CFO
Name	MOEDING, JASON P
Address	9416 SCARBOROUGH COURT
City-State-Zip:	PORT SAINT LUCIE FL 34986

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "LOANLYNX, 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 SEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE  
BEEN FILED TO DATE.

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



5928206 8300

SR# 20160101388

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201634999

Date: 01-07-16