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

: INCORP SERVICES INC

Account Number : I20120000007 Phone : (702) 866-2500

Fax Number

: (702)866-2689

\*\*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

U.S. Lending Corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



J SHIVERS

## **COVER LETTER**

	lon of Corporations			
SUBJECT: U.S. Lending Corporation				
	Name of corporation - must include suffix			
Dear Sir or M	adam:			
"Certificate of		n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.		
Please return	all correspondence concerning this r	natter to the following:		
	Jaych	e Howard		
<del></del>	Nan	ne of Person		
	InCorp 8	Sarvices, Inc.		
<u>.                                    </u>		/Company .		
	3773 Howard Hugh	es Parkway, Sulte 500S		
		Address		
	Las Vegas,	NV 89169-6014		
	•	ate and Zip code		
•	document	o Pilo e e e e e e e e e e e e e e e e e e e		
		<b>-</b> ,		
		sed for future annual report notification)		
For further inf		used for future annual report notification)		
	E-mail address: (to be a	used for future annual report notification)		
le Howard on Beh	E-mail address: (to be understand this matter, please of InCorp Services, Inc. at (	used for future annual report notification)		
Name STRE Regist Divisic Cliftor 2661 I	E-mail address: (to be understand this matter, please of InCorp Services, Inc. at (	used for future annual report notification) case call:		
Name STRE Regist Divisi Cliftor 2661 I	E-mail address: (to be understand this matter, please of InCorp Services, Inc.  of Person  Area  ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle	mail:  202 866-2500  Code Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

(H1600111524 3)

# 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. U.S. Lending (Enter name of c "Inc.," "Co.," "C	corporation; must include "TNCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	N,"
(If name unavail	able in Florida, enter alternate corporate na	ne adopted for the purpose of transactir	ng business in Florida)
2. Wisconsin		3 46-4149627	
(State or country 10/29/2013	y under the law of which it is incorporated)	(FEI number, if ap  S. Perpetual	plicable)
(Date	e of incorporation)	(Date of duration, if other	than perpetual)
, 2501 Parmer	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 Iter St. #102, Middleton, WI 53562	a in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabili	ity)
8449 Ai	(Prin rport Rd-, Middleton (Current ma	icipal office address)  , WI 535 62  illing address, if different)	
8. Name and street Name:	t address of Florida registered agent: (InCorp Services, Inc.	P,O. Box NOT acceptable)	16 MAY
Office Address:	17888 67th Court North		S 20 70 1000
	Loxahatchee	, Florida	
designated in this further agree to co	(City) int's acceptance: ed as registered agent and to accept se application, I hereby accept the appoin imply with the provisions of all statute, amiliar with and accept the obligations	rvice of process for the above stated nament as registered agent and agre s relative to the proper and comple	se to act in this capacity. I te performance of my
<u>.r</u>	Joyere Howard (Registere	Jaycle Howard on Behalf of d agent's signature)	InCorp Services, Inc.

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

	CTORS	
airman:		
dress: _		
_		
o Chair	man:	
		•
ector:		
r.esan: _	· · · · · · · · · · · · · · · · · · ·	
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lress: _		•
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oppi		—————————————————————————————————————
ident:	Jill Surek	<u> </u>
rese: _	8449 Airport Rd.	
	Middleton, WI 53562	
: Presid	ent:	
		- 15 m
rurer:		
ress:		
TE: If	necessary, you may attach an addendum to the application listing additional officers	and/or directors.
<u> </u>	(file Hereke)	
officer	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that	t the facts stated herein
rue and	i that he or she is aware that false information submitted in a document to the Departs	
_	ree felony as provided for in s.817.155, F.S. rek, President	

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

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## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### U.S. LENDING CORPORATION

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 29, 2013.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 11, 2016.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

176064-862CED0E

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