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ORETARY OF STATE

S Warren

FEB 15 2017

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	Key City Lending Inc.				
SCHOLC	Name	of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear Sir o					
"Certificat	sed "Application by Foreign C e of Existence," or "Certificate renced foreign corporation to t	e of Good Stan	ding" and check are subm		
Please retu Rebecca Ha	arn all correspondence concern	ing this matter	to the following:		
		Name of F	Person	-	
Quik Filing	s LLC				
		Firm/Com	pany		
9789 Sprin	gwood Dr				
		Addre	SS	, " " " " " " " " " " " " " " " " " " "	
Kalamazoo	, MI 49009				
		City/State ar	nd Zip code		
rhanson@c	quikfilings.com				
·	E-mail addres	s: (to be used f	or future annual report no	tification)	
For further	r information concerning this r	natter, please c	all:		
Rebecca Hanson 269 743		743-4201	3-4201		
N	ame of Person	at (Area Code	Daytime Telepho	one Number	
R6 D1 C1 26	FREET/COURIER ADDRES egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301	SS:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	
Enclosed i	is a check for the following arr	nount:			
\$70.00	Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	DN,"	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transact	ing business in Florida)	
Illinois	2	81-4930350		
(State or country under the law of which it is incorporated) 1/10/2017		(FEI number, if applicable)		
1(Date	of incorporation) 5	. (Date of duration, if other	er than perpetual)	
n/a 5.				
7	(SEE SECTIONS 607.1501 & 607. Addison, IL 60101	ipal office address)	unity)	
	(FIRC			
	(Fine	- 	ا المداد . مداد المداد مداد المداد . مداد المداد .	
		ing address, if different)	Section of the sectio	
3. Name and stree		ing address, if different)	200	
	(Current mail	ing address, if different)	THE TOTAL PROPERTY OF THE PARTY	
Name:	(Current mail et address of Florida registered agent: (P	ing address, if different)		
	(Current mail et address of Florida registered agent: (P InCorp Services, Inc.	ing address, if different)	TO THE STATE OF STATE	

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: Address: Vice Chairman: ___ Address: Michael Malyszko Director: 1052 Jamey Ln Addison, IL 60101 Address: Address: **B. OFFICERS** Michael Malyszko President: 1052 Jamey Ln Addison, IL 60101 Address: Vice President: Address: _ Secretary: _ Treasurer: 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 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. Michael Malyszko, President

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

File Number

7104-415-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KEY CITY LENDING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 10, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of FEBRUARY A.D.

Authentication #: 1704401000 verifiable until 02/13/2018 Authenticate at: http://www.cyberdriveillinois.com

esse White

2017

SECRETARY OF STATE

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("<u>Grantor</u>"), does hereby make and grant a limited and specific power of attorney to Rebecca Hanson and appoint and constitute said individual as my attorney-in-fact ("<u>Attorney-in-Fact</u>"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which Quik Filings, LLC, a Michigan limited liability company (MI Entity ID: D81869) has purchased resident agent service on or through their account with Grantor.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2017.

Jeffrey Sieffen, Secretary		Dated: January 27, 2017	ASSERT DAY	#1 623 119	
STATE OF NEVADA)) ss)F STATE . Florid	<u></u>	Ö
COUNT OF CLARK)		A	w	

This Special and Revocable Limited Power of Attorney was acknowledged before me on 2017, by <u>Jeff Steffen</u> as Secretary of InCorp Services, Inc., a Nevada corporation.

Notary Public in the State of Nevada

MELISSA CHIARELLO
Notary Public State of Nevada
No. 16-1093-1
My Appt. Exp. Jan. 4, 2020

My Commission Expires: <u>Jan 4,702</u>()