# F18000001198

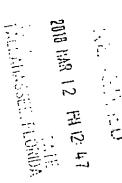
(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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MAR 1 3 2018

Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 112347 7800734

AUTHORIZATION : Operation

COST LIMIT : \$ 87.50

ORDER DATE: March 12, 2018

ORDER TIME : 12:57 PM

ORDER NO. : 112347-005

CUSTOMER NO: 7800734

\_\_\_\_\_\_

### FOREIGN FILINGS

NAME: EVOLVE COMMERCIAL FINANCE,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
	Evolve Con	nmercial Finance, Inc					
SUBJ	ECT:	<u> </u>		must include suffix			
		Name of C	orporation -	must micrude surfix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence,		Good Stand	uthorization to Transacing" and check are subs s in Florida.			,1
Please	return all correspo	ndence concerning	this matter t	o the following:			
Marga	ret Everett						
			Name of Po	erson			
Evolve	Bank & Trust						
		··· · · · · · · · · · · · · · · · · ·	Firm/Comp	any			 
6070 F	Poplar Avenue, Suite	200					œ :≍:
			Addres	s		- :	
Метр	his, TN 38119						~ ~
		C	ity/State and	l Zip code		····	- <del>5.</del>
marga	ret.everett@getevolv						9:4
		E-mail address: (to	o be used fo	r future annual report n	otification)	· .	9
For fu	rther information o	oncerning this matte	er, please ca	11:			
Marga	ret Everett	at (	901	260-1110			
	Name of Person		Area Code	Daytime Teleph	one Number		
	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassec, Fl	ection rporations		
Enclos	sed is a check for th	e following amoun	t:				
<b>57</b> (	0.00 Filing Fee	S78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified Copy		Filing Feate of Street Ed 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.

Evolve Comme	rcial Finance, Inc.		
(Enter name of c	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	ON,"
Tennessee	able in Florida, enter alternate corporate nam	81-3742575	ting business in Florida)
2. (State or countr 7/14/2016	y under the law of which it is incorporated)	(FEI number, if	
(Date	of incorporation)	5(Date of duration, if oth	er than perpetual)
6		in Florida, if prior to registration) 1502, F.S., to determine penalty liab	bility)
6070 Poplar Ave	(Prin nue, Suite 200, Memphis, TN 38119	cipal office address)	
	(Current mai	ling address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (F Corporation Service Company	P.O. Box <u>NOT</u> acceptable)	SS I & AH
Office Address:	1201 Hays Street		1.9 F
	Tallahassee	32301 , Florida	64
	(City)	(Zip code)	
Having been nam designated in this further agree to c duties, and I am f	ent's acceptance: sed as registered agent and to accept set application, I hereby accept the appoin somply with the provisions of all statute. Samiliar with and accept the obligations corporation Service Company (Registere	ntment as registered agent and a s relative to the proper and com	gree to act in this capacity. In the performance of my

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:

Scot Lenoir, Chairman			
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	<del></del> .		
CERS	1.1	20 	
Thomas Ball	- (A)		
6070 Poplar Avenue, Suite 200, Memphis, TN 38119			_
		.¥ #5	
	3.4		
			_
Scott Stafford			_
			_
		<del></del> .	_
			_
6070 Poplar Avenue, Suite 200, Memphis, TN 38119		·	
If necessary, you may attach an addendum to the application listing additional officers and/o	r directo	ors.	
	·		
			÷
Hark Masia Har Thansing			
	Scot Lenoir, Chairman  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  ICERS Thomas Ball  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  dent:  Scott Stafford  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Mark Mosteller  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  If necessary, you may attach an addendum to the application listing additional officers and/or  Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the	Scott Lanifer Chairman  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Tran:  CERS Thomas Ball  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Scott Stafford  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Mark Mosteller  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Mark Mosteller  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  If necessary, you may attach an addendum to the application listing additional officers and/or directed from the statement of Director or Officer error director signing this document (and who is listed in number 11 above) affirms that the facts stated that he or she is aware document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware thoughent (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.	Scot Lenoir, Chairman  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  Trean:  CERS Thomas Ball  6070 Poplar Avenue, Suite 200, Memphis, TN 38119  CONTRACT OF C



## **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**BONNY SEXTON BONNY SEXTON** 2711 CENTERVILLE RD.

WILMINGTON, DE 19808

March 12, 2018

Request Type: Certificate of Existence/Authorization

Request #:

0269584

Issuance Date: 03/12/2018

Copies Requested:

Document Receipt

Receipt #: 003894000

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3724015445

\$20.00

Regarding:

EVOLVE COMMERCIAL FINANCE, INC.

Filing Type:

For-profit Corporation - Domestic

Control #:

857207

Formation/Qualification Date: 07/14/2016

Date Formed:

07/14/20160

Status:

Active

Formation Locale: TENNESSEE

**Duration Term:** 

Perpetual

Inactive Date:

**Business County:** 

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### EVOLVE COMMERCIAL FINANCE, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 026840526