(Requestor's Name)	
(Address)	<del></del>
	<del> </del>
(Address)	
(City/State/Zip/Phone #)	.,
PICK-UP WAIT	MAIL
(Dunna de Feder Manua)	
(Business Entity Name)	
(Document Number)	··
Certified Copies Certificates of	Status
	···
Special Instructions to Filing Officer.	
	·

Office Use Only



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## CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUN	IT NO. :	1200000001	95	
REFE	RENCE :	031009	7919430	
AUTHORIZ	SATION :	Smilled	e seen	
COST	LIMIT :	\$ (70-00		
ORDER DATE : October 31	., 2019			
ORDER TIME : 1:26 PM				
ORDER NO. : 031009-005				
CUSTOMER NO: 7919430				
FOR	EIGN FILI	<u>NGS</u>		
NAME: SOCIAL	FINANCE,	INC.		2019 (07:31
XXXX QUALIFICATION (T	YPE: <u>CO</u> )			
PLEASE RETURN THE FOLLOW	ING AS PR	OOF OF FILI	NG :	Ö
CERTIFIED COPY  XX PLAIN STAMPED CC  CERTIFICATE OF G		ING		

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

### **COVER LETTER**

TO:	Registration Sec Division of Cor					
SURI	ЕСТ:	Se	ocial Fina	ance, Inc.		
3013		Name of corp	oration -	must include suffix		
Dear S	Sir or Madam:					
"Certi above	ficate of Existence referenced foreig	ion by Foreign Corporation, or "Certificate of Gon corporation to transact	od Standi business	ing" and check are sul in Florida.		
Please	return all corresp	ondence concerning this		•		
	<del></del>		manda G			
		Na	me of Pe	rson		
		Socia	d Finance	e, Inc.		
		Fir	m/Compa	nny		
		2	34 First S	Street		
			Address			
		Son E	ranaisaa	CA 94105		
				Zip code		
		-		•		·~)
		lice E-mail address: (to be	nsing@so	ofi.org future annual report	notification)	<u> </u>
For fu	rther information	concerning this matter, p		•		2010 601 21 1110:51
Ai	manda Grady	at (_ 4	115	549-0496		- 2
	Name of Person		ea Code	Daytime Telep	phone Number	10:50
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	ed is a check for	the following amount:				
<b>5</b> 70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Statu		\$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of	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.

1.		Social Finance, Inc.				
		orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	ATED," "C	COMPANY," "CORPORATION,"		
	So	oFi Get Your Money Right, Inc.				
(	(If name unavaila	able in Florida, enter alternate corporate	name adop	oted for the purpose of transacting business in	Florida)	
2.	Delawai	re	3	45-2499523		
	(State or countr	re y under the law of which it is incorpora	ted)	(FEI number, if applicable)		
4.	04/26/	2011	5			
	(Date	of incorporation)		(Date of duration, if other than perpetua	ال)	
6.	07/19/2019					
				orida, if prior to registration) F.S., to determine penalty liability)		
7		234 First Street	San Franci	sco, CA 94105		
		(	(Principal o	ffice address)		
		(Curren	t mailing ac	ddress, if different)	2019	
8. 1	Name and stree	et address of Florida registered agen	t: (P.O. B	ox NOT acceptable)		
	Name:	Corporation Service Company		_		-
Off	ice Address:	1201 Hays Street		_	<u> </u>	
		Tallahassee		32301 , Florida	50	
		(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.

By: Roxanne Turner

(Registered agent's signature)

Roxanne Turner

Asst. Vice President

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. DIRECTOR	as	
Chairman:		77-11
Address:		
Vice Chairman: _		
	· · · · · · · · · · · · · · · · · · ·	
Director:		
Address:		
Director:		
B. OFFICERS		
President:	Anthony Noto	
Address:	234 First Street San Francisco, CA 94105	2019
Vice President:		·
		:
Secretary:	Robert Lavet	О
•	234 First Street San Francisco, CA 94105	
Treasurer:		
	234 First Street San Francisco, CA 94105	
NOTE: If neces	sary, you may attach an addendum to the apportation listing additio	nal officers and/or directors.
12	Rest Jan 1	
The officer or di	Signature of Mirector of Offider rector 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 ony as provided for in s.817.155, F.S.	
13.	Robert Lavet, Secretary	
	(Typed or printed name and capacity of person signing anni	ication)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active"
  status. The first report is due in the year following formation. The report must be filed
  electronically online between January 1st and May 1st. The fee for the annual report is
  \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
  Report Reminder Notices" are sent to the e-mail address you provide us when you submit
  this document for filing. To file any time after January 1st, go to our website at
  www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (6/15)

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOCIAL FINANCE, 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 OCTOBER, A.D.

2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOCIAL FINANCE,

INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2011.

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

2019 00T 31 AH IO: 50

Authentication: 203908633

Date: 10-31-19