

F20000005128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

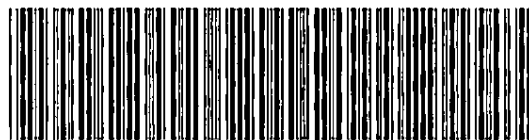
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2020

GREGG HARRIS
17813 EDISON AVE.
STE 201
CHESTERFIELD, MO 63005

SUBJECT: LENDERCITY, INC.
Ref. Number: W20000125542

We have received your document for LENDERCITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00021618

RECEIVED

NOV 12 2020

COVER LETTER

Registration Section
Division of Corporations

LenderCity, Inc.

Name of corporation - must include suffix

Attention:

Application by Foreign Corporation for Authorization to Transact Business in Florida,"
"Certificate of Good Standing," or "Certificate of Existence" and check are submitted to register the
foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

LenderCity, Inc.

Firm/Company

3 Edison Ave., Ste 201

Address

Chesterfield, MO 63005

City/State and Zip code

gharris@lendercity.com

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

For further information concerning this matter, please call:

Gregg Harris

at (636) 439.2413

Name of Person

Area Code

Daytime Telephone

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 1000
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LenderCity, 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:

Gregg Harris

Name of Person

LenderCity, Inc.

Firm/Company

17813 Edison Ave., Ste 201

Address

Chesterfield, MO 63005

City/State and Zip code

gharris@lendercity.com

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

For further information concerning this matter, please call:

Gregg Harris

at (636) 439.2413

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Area Code

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. LenderCity, 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. Missouri 3. 43-1766758
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/24/1996 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. 17813 Edison Ave., Ste 201 Chesterfield, MO 63005
(Principal office street address)

(Current mailing address, if different)

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

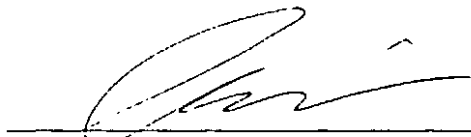
Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.


(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.

1. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Gregg Harris ☐ Chairman Name: _____

☐ Vice Chairman Address: 1320 WEST HESTERMAN LN ☐ Vice Chairman Address: _____

☐ Director CHESTERFIELD, MO 63005 ☐ Director _____

☒ President _____ ☐ President _____

☐ Vice President _____ ☐ Vice President _____

☒ Secretary ☐ Treasurer _____ ☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

☐ Chairman Name: _____ ☐ Chairman Name: _____

☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____

☐ Director _____ ☐ Director _____

☐ President _____ ☐ President _____

☐ Vice President _____ ☐ Vice President _____

☐ Secretary ☐ Treasurer _____ ☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

☐ Chairman Name: _____ ☐ Chairman Name: _____

☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____

☐ Director _____ ☐ Director _____

☐ President _____ ☐ President _____

☐ Vice President _____ ☐ Vice President _____

☐ Secretary ☐ Treasurer _____ ☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

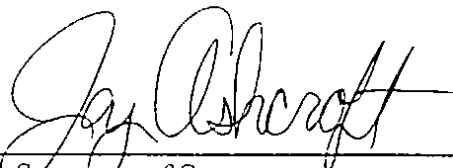
I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

LenderCity, Inc.

00435012

A Missouri entity was created under the laws of this State on 12/24/1996, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 4th day of September, 2020.


Secretary of State

Certification Number: CERT-IN22012

