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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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	(Document Number)
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Special Instructions	to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lending Mortgage Inc.			
Name	of corporation	- must include suffix	
Dear Sir or Madam:		•	
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	e of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all correspondence concern	ning this matter	to the following:	
Mikhael E. Keifitz Esq		•	
	Name of I	Person	
Law Offices of Mikhael E. Keifitz, Esq			
	Firm/Com	Dany	
3363 NE 163 Street, Suite 708		,—,	
	Addre	98	
North Miami Beach, FL 33160			
	City/State ar	d Zip code	
info@meklegal.com			
E-mail addres	s: (to be used fo	or future annual report notification)	
For further information concerning this r	natter, please ca	ill:	
Mikhael E. Keifitz, Esq	at (9570005 . ;	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ame Please make check payable to: FLORIDA Di \$70.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT (g Fee &	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	age Inc.				
"lnc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Florida)		
Illinois, USA		82-2206761			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
07/18/2017	5.				
(Date of incorporation)		(Date of duration, if other than perpe	(Date of duration, if other than perpetual)		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
3363 NE 163 Str	eet, Suite 708 C, North Miami Beach, Fl 3316				
	(Principal of	fice street address)			
425 Huehl Rd Bl	dg 13A, Northbrook, IL 60062				
	(Current maili	ng address, if different)	 -		
Na		_	r~;		
Name and stree	et address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)	* 1 * 1		
Name:	Mikhael E. Keifitz, Esq				
fice Address:	3363 NE 163 Street, Suite 708		.:		
	North Miami Beach, FL				
	(City)	, Florida 33160 (Zip code)			
Paristand		· r/	• • • • • • • • • • • • • • • • • • • •		
iving been nam Signated in this other agree to co	application, I nereby accept the appoints	ice of process for the above stated corporat ment as registered agent and agree to act is relative to the proper and complete perform sition as registered agent.	this canacity		
-	M_{Δ}				

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} 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: Marsela Galustian	[] Chairman	Name:	<u> </u>
☐Vice Chairman	Address: 425 Huehl Rd Bldg 13A 1	□Vice Chairman		
Director	Northbrook, IL. 60062	□Director		
President		☐ President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		☐ Treasurer
□Other	Other	□Other		☐ Other
Chairman	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
Director		Director		
□President		President		
		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
Other	Other	Other		Other
□ Chairman	Name:	☐ Chairman	Name:	~>
□Vice Chairman	Address:	☐ Vice Chairman	Address:	~ <u>.</u>
□Director _		Director		
☐ President _		President		:
□Vice President _		□Vice President		- 4.5
☐ Secretary	☐ Treasurer	Secretary		
Other	Other	Other -		□ Other
Important Notice: Us individuals may be as	e an attachment to report more than six (6). The at idded to the index when filing your Florida Departs	Denicol State Annual Repo	for reporting pur ort form.	poses only. Non-indexed
-	Signature of Director			
The officer or directo she is aware that false s.817.155, F.S.	r signing this document (and who is listed in numb information submitted in a document to the Depa	per II above) affirms that riment of State constitute	the facts stated its a third degree f	nerein are true and that he or felony as provided for in
13. Marsela Galus	itian, President			

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

File Number

7136-744-4



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

LENDING MORTGAGE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 18, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I liereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MARCH A.D. 2021.

Authentication #: 2106201256 verifiable until 03/03/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE