

1/11/22, 7:59 AM

Division of Corporations

F22 000000268

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
JAN 11 AM 10:03
STATE
FILE

2022 JAN 11 AM 10:13

FAXED

FOREIGN PROFIT/NONPROFIT CORPORATION**Beacon Lending**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

S. HAWKES

JAN - 2021

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beacon Lending 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip code

loans@brianquigley.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888

Name of Person

Area Code

Daytime Telephone Number

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 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. Beacon Lending

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Beacon Lending Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado

(State or country under the law of which it is incorporated)

3. 85-4280153

(FEI number, if applicable)

4. 06/04/2016

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2301 Blake Street, Denver, CO 80205

(Principal office street address)

(Current mailing address, if different)

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

Name: Tom Glover

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.

Tom Glover

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

RECEIVED
JAN 11 AM 10:03
STATE
OFFICE

A. DIRECTORS

☐ Chairman Name: Brian Quigley

☐ Vice Chairman Address: 2301 Blake Street

☒ Director Denver, CO 80205

☒ President _____

☐ Vice President _____

☒ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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. Brian Quigley
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. Brian Quigley
(Typed or printed name and capacity of person signing application)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Brian Quigley, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Beacon Lending
(Name of Corporation)

a corporation duly organized and existing under the laws of Colorado
(State or Country)

was adopted on 11/08/2021, adopting the alternate
name of Beacon Lending Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 1-7-2022

Brian Quigley
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Beacon Lending

is a

Corporation

formed or registered on 06/04/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161391936.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/06/2022 that have been posted, and by documents delivered to this office electronically through 01/11/2022 @ 06:55:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/11/2022 @ 06:55:13 in accordance with applicable law. This certificate is assigned Confirmation Number 13708895.



A handwritten signature in cursive script that reads "Jena Griswold".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."