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Office Use Only

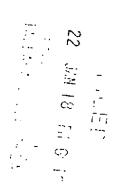


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T. LEMIEUX

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: PRISM LENDING, INC. | |
| | n - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin | nding" and check are submitted to register the |
| Please return all correspondence concerning this matter | er to the following: |
| JAI SHAH | |
| Name of | f Person |
| PRISM LENDING, INC. | |
| Firm/Cor | mpany |
| 158 MICHIGAN DR | |
| Add | ress |
| BLOOMINGDALE, IL 60108 | |
| City/State | and Zip code |
| JSHAH@PRISMHOMELENDING.COM | |
| E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | call: |
| JAI SHAH at (847 | 744-6144 |
| Name of Person Area Coo | |
| 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 \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | T OF STATE. □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

| | lable in Florida, enter alternate corporate name ac | lopted for the purpose of trans | acting business in Florida) | | |
|---------------------------------------|--|--|------------------------------------|--|--|
| II, | 3. | 3. 81-4896810 | | | |
| 01/03/2017 | under the law of which it is incorporated) 3. (FEI number, if | | applicable) | | |
| (Date N/A | of incorporation'; | (Date of duration, if of | duration, if other than perpetual) | | |
| 350 È HIGGINS | (Date first transacted business in I (SEE SECTIONS 607.150) & 607.150 RD, SUITE 125W, SCHAUMBURG, IL 60173 | Florida, if prior to registration) 2, F.S., to determine penalty li | ability) | | |
| | (Principal office | street address) | | | |
| · · · · · · · · · · · · · · · · · · · | (Current mailing | address, if different) | | | |
| | | | | | |
| Name and <u>stre</u> | et address of Florida registered agent: (P.O. | Box NOT acceptable) | :: ~ | | |
| Name and <u>stre</u> Name: | et address of Florida registered agent: (P.O. ZenBusiness Inc. | Box <u>NOT</u> acceptable) | 22 | | |
| Name: | ZenBusiness Inc. | | 22 JAN 18 | | |
| Name: | ZenBusiness Inc. | | 22 JAN 18 PH | | |
| | ZenBusiness Inc. | | 18 PH 81 CO | | |
| Name: fice Address: Registered ag | ZenBusiness Inc. | , Florida | 18 PH 6 18 | | |

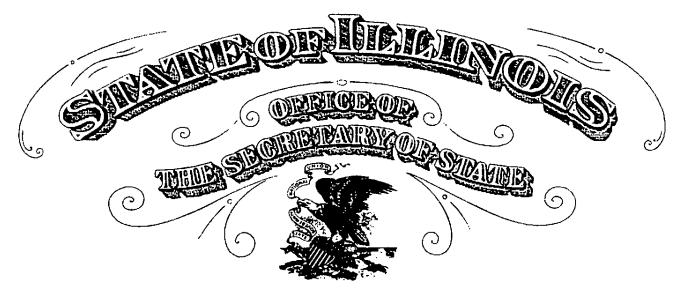
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

| A. DIRECTORS | | | | |
|-------------------------|--|-----------------|------------|-------------|
| □Chairman | Name: | □ Chairman | Name: | |
| □Vice Chairman | Address: 158 MICHIGAN DR | □Vice Chairman | | |
| □Director | BLOOMINGDALE, IL 60108 | Director | | |
| ■ President | | □President | | |
| □Vice President | | □Vice President | | |
| □ Secretary | □Treasurer | □ Secretary | | □Treasurer |
| Other | Other | □Other | | □Other |
| □Chairman | Name: | □ Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | | |
| □Director | | □Director | | |
| □President | | □President | | |
| | | □Vice President | | |
| □ Secretary | □Treasurer | ☐Secretary | • | □Treasurer |
| □Other | Other | □Other | | Other |
| □Chairman | Name: | □Chairman | Nama | |
| | Address: | □Vice Chairman | | |
| □Director | | □ Director | Address: | |
| □President | | □President | | - |
| □Vice President | | □Vice President | | |
| ☐ Secretary | Treasurer | □Secretary | | ☐ Treasurer |
| Other | Other | □Other | | □Other |
| 12The officer or direct | se an attachment to report more than six (6). The attachment to the index when thing your Florida Department of Signature of Director or signing this document (and who is listed in numbers information submitted in a document to the Department.) | or Officer | port form. | |
| Jai Shah / Pre | esident | | | |

File Number

7103-585-9



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

PRISM LENDING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 03, 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 hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of JANUARY A.D. 2022.

Authentication #: 2200703666 verifiable until 01/07/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE