000606

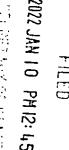
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
į					

Office Use Only



600377851556

12/15/21--01010--016 **78.75





COVER LETTER

TO:		tration Section ion of Corporations				
SURI	ECT:	719 Lending Inc.				
Name of corporation - must include suffix						
Dear S	Sir or M	ladam:				
"Certif	ficate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.		
Please	return	all correspondence concerning	this matter	to the following:		
Catalin	ia Stepa	nov				
			Name of	Person		
Expert	s Mortg	age Licensing				
			Firm/Com	pany		
37637	Five Mi	le Road, #396				
			Addre	ss		
Livonia	a, MI 48	3154				
			City/State a	nd Zip code		
info	@Lice	nsingstore.com				
		E-mail address: (to be used f	or future annual report notification)		
For fu	rther in	formation concerning this mat	ter, please c	all:		
Catalin	ia Stepai	nov	(248	663-3095		
	Nam	e of Person	Area Code	Daytime Telephone Number		
	Regis Divis The C	EET/COURIER ADDRESS: tration Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		
Please	make ch	check for the following amounted payable to: FLORIDA DEP ing Fee \$78.75 Filing Certificate of :	ARTMENT	OF STATE \$78.75 Filing Fee & S87.50 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.

1. 719 Lending Inc			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION)N."
(If name unavaila	able in Florida, enter alternate corporate name ado	pited for the purpose of transact	ing business in Florida)
Colorado	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)
). <u>02/17/2017</u>	of incorporation) 5.	<u> </u>	
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
),			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		ility)
, 104 S Cascade A	ve #201, Colorado Springs, Colorado, 80903		
· <u></u>	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
			2022 JAN SEUREL TALLAHA
3. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	
Name:	COGENCY GLOBAL INC.	·	
Office Address:	115 North Calhoun Street, Suite 4		PHI PHI
	Tallahassee	, Florida <u>323</u> 01	VED D PM I2: 4 F S IAA F F OPE
	(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.

A. DIRECTORS	•					
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director	Colorado Springs, Colorado, 80903	□ Director				
□ President		□President				
⊡Vice President		□Vice President				
□ Secretary	□Treasurer	□ Secretary	☐ Freasurer			
①Other	□CRher	□Other	Other			
□Chairman	Name:	□ Chairman	Nume:			
□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.817,455, F.S.

13. Timothy Chase, President/Owner

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,

719 Lending Inc.

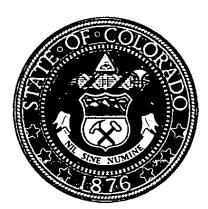
is a

Corporation

formed or registered on 02/17/2017 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 20171126153.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/08/2021 that have been posted, and by documents delivered to this office electronically through 11/10/2021 @ 10:33:24.

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 11/10/2021 @ 10:33:24 in accordance with applicable law. This certificate is assigned Confirmation Number 13574163



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.CertificateSearch/internado 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."