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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Lender 4 You Limited Inc			
JOBSHQI.	Name	e of corporation - i	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign (f Existence," or "Certifica ced foreign corporation to	te of Good Standir	ng" and check are submi	
Please return	all correspondence concer	ning this matter to	the following:	
Malgorzata Jai	nkowski			
		Name of Pe	rson	
Lender 4 You	Limited Inc			
		Firm/Compa	ny	
5201 N Harlen	n Ave			
		Address		
Chicago, IL 60	0656			
		City/State and	Zip code	
processing@le	ender4you com			
	E-mail addre	ss: (to be used for	future annual report not	ification)
For further in	formation concerning this	matter, please call		
Malgorzata Ja	nkowski	at (773	Daytime Telepho	
Nam	ne of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	5	DEPARTMENT O		\$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.

mited Inc.			
	ED." "C	OMPANY," "CORPORATIO	N,"
ble in Florida, enter alternate corporate na	ıme adoj	oted for the purpose of transaction	ng business in Florida)
	3		
2. (State or country under the law of which it is incorporated) (FEI number)			pplicable)
018			
of incorporation)	· · · · · ·	(Date of duration, if other	than perpetual)
·			
<u>_</u>	office s	treet address)	
(Current m	ailing ac	ldress, if different)	
Anna Pikula 1212 Finland Dr Spring Hill,		 Florida	2022 JAN 24 PM 8: 0: SECRETARY OF STATE TALLAHASSEE, FLORIC
(City)		(Zip code)	OS CENTRAL PROPERTY OF THE PRO
	Date first transacted busines (SEE SECTIONS 607.1501 & 60 (Principal Current manager address of Florida registered agent: Anna Pikula 1212 Finland Dr	orporation; must include "INCORPORATED," "Copp." "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name adoption and the law of which it is incorporated) O18 O18 O18 O18 O18 (Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, vel. Chicago, IL 60656 (Principal office selected agent: (P.O. Bename Pikula) 1212 Finland Dr Spring Hill.	prporation; must include "INCORPORATED," "COMPANY," "CORPORATION or "Inc," "Inc," "Co," or "Corp.") Solution Solutio

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 Malgorzata Jankowski □ Chairman □Chairman Name: _____ 5201 N Harlem Ave □Vice Chairman Address: □Vice Chairman Address: ____ Chicago, IL 60656 □ Director Director President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Treasurer ☐ Secretary □Other _____ □Other _____ □Other _____ □Other ______ □ Chairman Name: □Chairman Name: □Vice Chairman Address: _____ Address: □ Vice Chairman □Director Director □ President □President □Vice President □Vice President □Treasurer □ Secretary Treasurer ☐Secretary: □Other ____ □Other ____ □Other Other □ Chairman Name: _____ □Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director Director ☐ President □ President □Vice President ☐ Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □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 addedy to the index when filing your Florida Department of State Annual Report form. 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.

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

File Number

7210-237-1



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

LENDER 4 YOU LIMITED INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 15, 2018, 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 14TH day of JANUARY A.D. 2022 .

Authentication #: 2201402052 verifiable until 01/14/2023

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

Desse White

SECRETARY OF STATE