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(((H22000317855 3)))



To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
FI Om,	Account Name : ALLSTATE CORPORATE SERVICES CORP
	Account Number : I20040000031
	Phone : (800)906-9220
	Fax Number : (800)906-9880
ar	the email address for this business entity to be used for futurenual report mailings. Enter only one email address please.**

Certificate of Status	1
Certified Copy	0
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S. FRANKLIN

SEP 1 5 2022

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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.

SOS BUSINESS	S FUNDING CORP.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	abic in Florida, enter alternate corporate name a	dopted for the purpose of transacting busine	ess in Florida)		
NEW YORK	3				
10/07/2021					
(Date	(Date of incorporation) 5. (Date of duration, if other		petual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
1704 EAST 8TH	STREET, BROOKLYN, NY 11223		~)		
		e <u>street</u> address)	2)277 5		
	(Current mailing	g address, if different)			
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	至		
Name:	REGISTERED AGENT SOLUTIONS, INC		<u> </u>		
ffice Address:	155 OFFICE PLAZA DR., SUITE A				
	TALLAHASSEE	, Florida ³²³⁰¹			
	(City)	(Zip code)			
aving been nam signated in this rther agree to c	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to ac lative to the proper and complete perfo	t in this capacit		
_	Steven Weiss - Assistan	t Secretary			
	(Registered agent's sig	gnature)			

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: ELI ARAKANCHI	□Chairman	Name:				
□Viœ Chairman	Address:	□Vice Chairman	Address:				
□Director	BROOKLYN, NY 11223	Director					
■ President		□President					
□Vice President		□Vice President					
Sccretary	Treasurer	☐ Scoretary		Treasurer			
□Other	Other	Other		Other			
□Chairman	Name:	□Chairm a n	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
☐ President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐ Secretary		Treasurer 2			
Other	Other	□Other		□Other			
□ Chairman	Name:	Chairman	Name:	-			
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Sccretary	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.	Eli Arakanchi						
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 fellony as provided for in s.817.155, F.S. 13. ELI ARAKANCHI (Typed or printed name and capacity of person signing application)							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

SOS BUSINESS FUNDING CORP.

DOS ID Number:

6298099

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/07/2021

Statement Status:

CURRENT

Statement Due Date:

10/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

272 S

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

10/07/2021

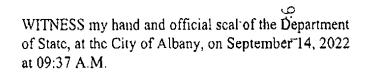
Entity Name:

SOS BUSINESS FUNDING CORP.

بې

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

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