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(Requestor's	Name)
(Address)	
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PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document l	Number)
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: COMPASS 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:				
RAFAL GORSKI				
Name of Person				
COMPASS LENDING, INC.				
Firm/Company				
304 W HIGGINS RD				
Address PARK RIDGE, IL 60068 City/State and Zip code processing@compasslendinginc.com				
PARK RIDGE, IL 60068				
City/State and Zip code				
processing@compasslendinginc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
RAFAL GORSKI at (773) 909-0000 Name of Person Area Code Daytime Telephone Number				
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 & \$78.75 Filing Fee & \$87.50 Filing Fee. Certificate of Status Certified Copy 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.

	S LENDING INC		<u> </u>
(Enter name of co	orporation; must include "INCORPOF orp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"	
	S HOME LOANS INC		
(If name unavaila	able in Florida, enter alternate corpora	te name adopted for the purpose of transacting but	siness in Florida)
2 ILLINOIS	S	3 87-2786655	
(State or country	y under the law of which it is incorpor	3. 87-2786655 (FEI number, if applica	ible)
4. 09	/23/2021		
	of incorporation)	5(Date of duration, if other than	perpetual)
6. N/A			
		usiness in Florida. if prior to registration) & 607.1502, F.S., to determine penalty liability)	
7	304 W HIGGIN	S RD, PARK RIDGE, IL 60068	3
/·	(Princ	cipal office street address)	
	(Curre	nt mailing address, if different)	
			5,67,
8. Name and stree	<u>t address</u> of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable)	, 7,
Name:	Registered Agents I	nc	5600 E 13
Office Address:	7901 4th St N STE 3	300	
	St. Petersburg	Florida 33702	Fix Hi
	(City)	. Florida $\frac{33702}{\text{(Zip code)}}$	20
designated in this further agree to co and I am familiar	ed as registered agent and to acce application, I hereby accept the a omply with the provisions of all sto with and accept the obligations of (Registered a	ngent's signature)	rporation at the place act in this capacity. I erformance of my dutie
the Department of	certificate of existence duly authen State, by the Secretary of State or which it is incorporated.	iticated, not more than 90 days prior to delive other official having custody of corporate rec	ry of this application to ords in the jurisdiction

A. DIRECTORS					
□ Chairman	Name: R	AFAL GORSKI	□Chairman	Name:	
□Vice Chairman	Audiess	304 W HIGGINS RD	□Vice Chairman	Address:	
□Director	PARK	RIDGE, IL 60068	□Director		
Z President			□President		
Vice President			□ Vice President		
Secretary		□Treasurer	☐ Secretary		□Treasurer
□Other		□Other	□Other		□Other
□ Chairman	Name:		□Chairman	Name:	
□Vice Chairman			□Vice Chairman	Address:	
□Director			□Director		
□President			□President		<u> </u>
□Vice President			□ Vice President		
☐ Secretary		□Treasurer	□ Secretary		□Treasurer
□Other		□Other	Other		Other
					<u>;</u>
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address:		□ Vice Chairman	Address:	P:
□Director			□Director		·:.
□President			□President		
□ Vice President			□Vice President		
□Secretary		Treasurer	☐ Secretary		□Treasurer
Other		□Other	Other		□Other
Important Notice: Individuals may be	Jse an attach added to the	ment to report more than six (6). The atteindex when filing your Florida Departm	ent of State Annual Re	eport form.	urposes only. Non-indexed
12		Senature of Director	211_		
1 		Signature of Director	or Officer		
The officer or direct she is aware that fars.817.155, F.S.	ctor signing t lse informat	his document (and who is listed in numb on submitted in a document to the Depar	er 11 above) affirms th	nat the facts state	d herein are true and that he or e felony as provided for in
13		RAFAL GO			
	(T)	ped or printed name and capacity of pers		1)	

File Number

7343-848-9



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

COMPASS LENDING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 23, 2021, 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 6TH day of DECEMBER A.D. 2022 .

Authentication #: 2234003974 verifiable until 12/06/2023

Authenticate at: https://www.ilsps.gov

Desse White

SECRETARY OF STATE