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

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Account#: I20000000088

Date:03/1	4/2023		
Name:	Merritt Walker		
Reference #:	4040070		
Entity Name:	SOI	LDI FINANCE, INC.	,
✓ Articles of	ncorporation/Authori	zation to Transact Business	
Amendmer Amendmer	nt		
☐ Change of	Agent		
Reinstatem	nent		
☐ Conversion	1		
Merger			
☐ Dissolution	Withdrawal		
☐ Fictitious N	ame		
Other			
Authorized Amour	nt: \$70	<u> </u>	
Signature:	mw		

+44 (0)20.3961.3080

ASIA PACIFIC HQ

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corpora			
SHRI	ECT:	Soldi F	inance, Inc.	
3000		Name of corporation - 1	nust include suffix	_
Dear S	Sir or Madam:			
"Certi	ficate of Existence," of	by Foreign Corporation for Au or "Certificate of Good Standir rporation to transact business:	ng" and check are submitte	
Please	return all correspond	ence concerning this matter to	the following:	
		Theresa Mey	vler	·
		Name of Per	rson	
		The Conti Gre	oup	
		Firm/Compa	ny	
		11486 Corporate Boulev	rard, Suite 190	_
		Address		· .
		Orlando, FL 3	2817	;
		City/State and	Zip code	,
		tmeyler@thecontig	<u>·</u>	
	E	-mail address: (to be used for	future annual report notifi	cation)
For fu	rther information con	cerning this matter, please call	:	
	Theresa Meyle	at (732)	484-2817	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURING Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	n itions hassee reet, Suite 810	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please	• ,	FLORIDA DEPARTMENT OF \$78.75 Filing Fee & □ \$		\$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.

(If name unavailable		rporate name adoj	oted for the purpose of transacting bus	iness in Florida)
	Delaware nder the law of which it is inc	3	85-1057405	
(State or country u		orporated)		ole)
	04/28/2020	5	perpetual	
(Date of	incorporation)		(Date of duration, if other than p	erpetual)
		03/13/2023	,	
			orida, if prior to registration) F.S., to determine penalty liability)	
	11486 Corporate E	Boulevard, Ste 19	90 Orlando, FL 32817	
		(Principal office <u>s</u>	treet address)	
	11486 Corporate B	loulevard, Ste 19	90 Orlando, FL 32817	
Name and street a	ddress of Florida registered Cogency Globa	,	ox <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
fice Address: _	115 North Calhoun Str	reet, Suite 4	_	- 3
	Tallahassee, FI	orida	Florida	
_	(City)		(Zip code)	
	's acceptance:	accept service o	f process for the above stated corp as registered agent and agree to t	

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

under the law of which it is incorporated.

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

A. DIRECTORS Kurt G. Conti Gina Conti Name: _ □ Chairman □ Chairman 940 Cape Marco 940 Cape Marco □Vice Chairman Address: ___ ☐ Vice Chairman Address: ____ Veracruz 1404 Veracruz 1404 ■ Director □ Director Marco Island, FL 34145 Marco Island, FL 34145 President □President ☐ Vice President □Vice President _____ □ Secretary ■ Treasurer □Treasurer Secretary Other _____ □Other _____ □Other_____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: ☐ Director □ Director □ President □ President □Vice President ___ □Vice President ☐ Treasurer □ Secretary □ Secretary □Treasurer □Other _____ Other Name: _____ Name: _____ ☐ Chairman □Chairman : Address: _____ □Vice Chairman Address: _____ □Vice Chairman □ Director □ Director □President □ President □Vice President □Vice President ☐ Secretary ☐Treasurer ☐ Secretary □Treasurer □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. 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. Kurt G. Conti, President/Director

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

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOLDI FINANCE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLDI FINANCE, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE: BEEN PAID TO DATE.

Authentication: 202908696

Date: 03-14-23

7951253 8300 SR# 20230979193