F24000000108

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

TO:	Registration Section Division of Corporations			
SUBJE	FCT: Family Funding Inc			
		ration - mu	st include suffix	•
Dear Si	ir or Madam:			
"Certifi	closed "Application by Foreign Corporatio icate of Existence," or "Certificate of Good referenced foreign corporation to transact b	I Standing"	and check are submit	
Please 1	return all correspondence concerning this r	natter to th	e following:	
Rick Da	avis			
	Nan	ne of Perso	n	
Family	Funding Inc			
	Firm	ı Company		_
350 S 6	dst			
		Address		
West D	es Moines IA 50266			
	City/S	state and Zi	p code	
teama t	thefamilyfunding.com			
	E-mail address: (to be	used for fu	ture annual report noti	fication)
For furt	ther information concerning this matter, pl	ease call:		
Mary P	248 635-3676			
		a Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please n	ed is a check for the following amount: make check payable to: FLORIDA DEPARTM .00 Filing Fee	□ \$78		S87.50 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.

(finter name of c	orporation; must include "INCORPORATED," : orp." "Inc." "Co," or "Corp.")	"COMPANY." "CORPORATIO)N."	
(If name unavaile	able in Florida, enter afternate corporate name ad	8-0801363	_	
(State or country under the law of which it is incorporated) 2-25-2022		(FEI number, if applicable)		
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607,4501 & 607,450) st Des Moines IA 50266 (Principal office est Des Moines IA 50266	street address)		
	(Current mailing	address, if different)		
Name and stree Name:	et address of Florida registered agent: (P.O. Registered Agents Inc	Box <u>NOT</u> acceptable)	8	
Office Address:	7901 4th SCN STE 300		2023 051	
	St. Petersburg (City)	Florida (Zip code)	5-5 PII	
laving been nam esignated in this arther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela-	nt as registered agent and ag utive to the proper and compl	ed carporation at the free to act in this capacite ete performance of my	

(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	Rick Davis Name:
≟Vice Chairman	350 S 61st St WDM IA 50266 Address:	DVice Chairman	Address: 350 \$ 61st \$t WDM 1A 50266
□ Director		□ Director	
∏:President		☐ President	
∃Vice President		□Vice President	
∃Secretary	□Treasurer	翼 Secretary	□Treasurer
Other	Other	Other	Other
∏Chairman	Name:	□Chairman	Name
	Address:		Name:
□ Director		2Director	Address:
□President		T.President	
		DVice President	
Zi Secretary	Treasurer	☐ Secretary	III Treasurer
□Other			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	.⊒Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
≟:Secretary	☐ Freasurer	Discretary	≟Treasurer
□Other	Other	DOther	E/Other
Important Notice: I individuals may be		ent of State Annual Re	eport form.
	Signature of Director	•	
she is aware that fa 8.817.155, F.S.	ttor signing this document (and who is listed in numbers information submitted in a document to the Department to the De	er 11 above) affirms the tment of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in
13. DEINA	JAVORSKAYA	Rick	V. DAVIS

TAVORSKAYA CTyped or printed hame and capacity of person signing application)

11/30/23, 10:52 AM

Certificate of Standing IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 11/30/2023

Name: FAMILY FUNDING, INC. (490 DP - 702405)

Date of Incorporation: 2/21/2022

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of lowa.
 - b. All fees required under the lowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State,
 - d. Articles of dissolution have not been filed.

Certificate ID: CS278201

To validate certificates visit: sos.iows.gov/ValidateCertificate