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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Xchange.Loans Inc.			
tiobane ti	Name of	corporation -	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ing" and check are submitte	isiness in Florida." ed to register the
Please return	all correspondence concerning	this matter	to the following:	
Andre Cuadrao	lo			
		Name of P	erson	
Xchange.Loan	s Inc.			
		Firm/Comp	pany	
365 5th Avenu	e South, Ste 201			
		Addres	55	
Naples, FL 34	102			
		City/State an	d Zip code	
dre@xchange.				
	E-mail address: (to be used fo	or future annual report notifi	cation)
For further in	formation concerning this mat	ter, please ca	ill:	
Andre Cuadrac	do	404	Daytime Telephone Number	
Nam	e 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		Registration Section Division of Corport P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounted payable to: FLORIDA DEP ing Fee S78.75 Filing Certificate of	ARTMENT Fee & 🗆		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.

1. Xchange Loans	Inc.		
(Enter name of co "Inc" "Co" "Co	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting l	ousiness in Florida)
Delaware	3 8	84-4656118	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
2/10/2020	5		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150))
365 5th Ave Sout	h, Ste 201, Naples, FL 34102	, ,	
	(Principal office	street address)	
132 Bedzel Cir.	#1401, Naples, FL 34104		or 🕿
	(Current mailing	address, if different)	124 F
			2024 FEB 28
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	28 HA
Name:	Andre Cuadrado	<u> </u>	SSS P
Office Address:	132 Bedzel Cir #1401	_	<u></u>
	Naples	— . Florida ³⁴¹⁰⁴	F 00
	(City)	(Zip code)	

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 Andre Cuadrado Name: _____ □ Chairman □Chairman 132 Bedzel Cir #1401 Address: _ □Vice Chairman □Vice Chairman Address: Naples, FL 34104 □Director □Director President □President □Vice President □Vice President Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other ______ □Other _____ □Chairman Name: □Chairman Name: □Vice Chairman □Vice Chairman Address: _____ Address: □Director □ Director □President □President □Vice President □ Vice President ☐Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other_____ □ Chairman Name: _____ □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □Director □Director □President □President □Vice President _ □Vice President □ Secretary ☐ 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. 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.

Andre Cuadrado, President and CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "XCHANGE.LOANS 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 TWELFTH DAY OF DECEMBER, A.D. 2023.



Authentication: 204789303

Date: 12-12-23