-2400000200

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,				
(Document Number)				
(Coodment Namiser)				
Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WZ4-56535				





900425453859

APR 1 5 2024

K. Brumbley





April 9, 2024

COGENCY GLOBAL

SUBJECT: LENDING BASE INC. Ref. Number: W24000056535

Please Leeponsind file date

We have received your document for LENDING BASE INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is M22000001236.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 024A00007631





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/08/2024	
Name:	Patrice Rush	_
Reference #:	2325669	
Entity Name:	LENDI	NG BASE INC.
✓ Article	s of Incorporation/Authorizatio	n to Transact Business
Amen	dment	
☐ Chang	ge of Agent	
☐ Reinst	atement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount:\$70	_
Signature:	(Part M	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

Division of Corporations			
SUBJECT: Lending Base Inc.			
	Corporation - 1	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor" "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standir	g" and check are submit	
Please return all correspondence concernin	g this matter to	the following:	
Teng Ling Loo			
	Name of Pe	son	
Lending Base Inc.			
	Firm/Compa	ny	
8751 Collin McKinney Pkwy Suite 1	203		
	Address		
McKinney, TX 75070		_	
	City/State and	Zip code	-
charlynl@lending-base.com			
E-mail address:	(to be used for	future annual report noti	fication)
For further information concerning this ma	tter, please call	:	
Teng Ling Loo	at (972)	343-8097	
Name of Person	Area Code	Daytime Telephon	ne Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT O Fee & S		☐ \$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.

	Lending Base Inc.		
	oration; must include "INCORPORATED." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
co., co.,	. Inc. Go. ov Gorp. ,		
Lending	g Base Inc of Florida		
(If name unavailable	e in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	isiness in Florida)
Texas	3.	86-3867511	
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)	
05/13/2021		Perpetual	
(Date of	incorporation)	(Date of duration, if other than	perpetual)
	04/30/2	024	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
	8751 Collin McKinney Pkwy, Ste	1203 McKinney, TX 75070	
	(Principal offic	ee street address)	
	(Current mailin	g address, if different)	
Name and street a	address of Florida registered agent: (P.O	. Box NOT acceptable)	2024 APR
Name:	Cogency Global Inc.		· × × · · ·
Olas Addrass	115 North Calhoun Street, Suite 4		- 2
ffice Address: _	Tallahassee, Florida	 . Florida 32301	
-	(City)	(Zip code)	1: 00
Registered agent			
aving been named	as registered agent and to accept service oplication, I hereby accept the appointm	e of process for the above stated co	rporation at the plac vact in this capacity
irther agree to com	optication, I nereby accept the appointm tiply with the provisions of all statutes ro ith and accept the obligations of my pos	elative to the proper and complete p	erformance of my du
juiiiiii 19	in and accept the vongament by my pro-		
	Lauren Thorns Assistant S (Registered agent's signature)	agratar i	

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: Teng Ling Loo	□Chairman	Name: Jing Zhang
□Vice Chairman	Address: 8751 Collin McKinney Pkwy Suite 1203	□Vice Chairman	Address: 8751 Collin McKinney Pkwy Suite 1203
□Director	McKinney, TX 75070	☑Director	McKinney, TX 75070
☑President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Shan Zhao	□Chairman	Name:
□Vice Chairman	Address: 8751 Collin McKinney Pkwy Suite 1203	□Vice Chairman	Address:
☑Director	McKinney, TX 75070	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	□Other	□Other
□Chai⊓nan	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
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Elerida Department	nepat of State Annual Re	
12	Signature of Director		
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depa	per 11 above) affirms the extraction of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LENDING BASE INC. (file number 804064542), a Domestic For-Profit Corporation, was filed in this office on May 13, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 05, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1351336340003