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PICK-UP WAIT MAIL
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	America's Local Lender, In	ıC.		
		ne of corporation - n	must include suffix	
Dear Sir or N	Лаdam:			
"Certificate of	1 "Application by Foreign of Existence," or "Certificanced foreign corporation to	ate of Good Standii	ng" and check are subi	
Please return	all correspondence conce	ming this matter to	the following:	
Robin Gilmore	•			
	• •	Name of Pe	rson	
America's Loc	cal Lender, Inc.			
		Firm/Compa	ny	
5417 Waverly	Avenue			
		Address		
La Jolla, CA 9	2037			
		City/State and	Zip code	
ContactUs@A	AmericasLocalLender.com		·	
	E-mail addre	ess: (to be used for	future annual report ne	otification)
For further in	nformation concerning this	matter, please call	:	
Robin Gilmore	3	714	421-8767	
Nan	ne of Person	at () Area Code	Daytime Teleph	one Number
	EET/COURIER ADDRI	ESS:	MAILING AI	ODRESS:
_	stration Section sion of Corporations		Registration Se Division of Co	
	Centre of Tallahassee		P.O. Box 6327	
<b>\</b>	N. Monroe Street, Suite 8 hassee, FL 32303	510	Tallahassee, Fi	. 32314
	eheck for the following a			
Please make cl  □ \$70.00 Fil	heck payable to. FLORIDA ling Fee   \$78.75 Fil		F STATE 78.75 Filing Fee &	<b>✓</b> \$87.50 Filing Fee,
	_	*	Certified Copy	Certificate of Status &

## 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.

	able in Florida. enter alternate corporate name	adopted for the purpose of transacting b 92-1186406	usiness in Florida)
(State or country under the law of which it is incorporated)		3. (FEI number, if applicable)	
	•	(PET number, 11 applic	caole)
November 21, 2	ე.	(Date of duration, if other than	. 1
(Date of incorporation)		(Date of duration, if other than perpetual)	
N/A		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
3417 Waverly Av	enue, La Jolla, CA 92037		
5580 La Jolla Blv	(Principal offi d, #425, La Jolla, CA 92037	ice <u>street</u> address)	
	(Current mailir	ng address, if different)	
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C. Registered Agents Inc	). Box <u>NOT</u> acceptable)	2024 HAY 24
fice Address:	7901 4th St N STE 300		AY 2
	St. Petersburg	Florida	18 P.
	(City)	(Zip code)	PM 8: 02
	ent's acceptance:		20:
Registered age		ce of process for the above stated co	
ving been nam	application, I hereby accept the appoint		

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: Patrick Gilmore	□Chairman	Name:				
□Vice Chairman	5417 Waverly Avenue Address:	□Vice Chairman	Address:				
□Director	La Jolla, CA 92037	□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
<b>Z</b> Other CEO	□Other	□Other	□Other				
□ Chairman	Robin Gilmore	□ Chairman	Name:				
□Vice Chairman	5417 Waverly Avenue	□Vice Chairman	Address:				
□Director	La Jolla, CA 92037	□Director					
<b>Z</b> President		□President					
□Vice President	<u> </u>	□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President	<u></u>				
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer				
□Other		□Other					
Important Notice) Use arrattachment 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.  12. 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.							

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

Robin Gilmore, President



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

America's Local Lender, Inc.

Entity No.:

5344727

Registration Date:

11/21/2022

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of May 22, 2024.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 212948228

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.