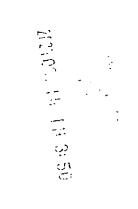
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Special Instructions to Filing Officer:						





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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/14/2024

NAME:

ETHOS LENDING, INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

10:	_	tration Section on of Corporations				
SUBJ	ECT:	Ethos Lending, Inc.				
Name of corporation - must include suffix						
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	f Good Stan	iding" and check are su		
Please	return a	all correspondence concerning	g this matter	to the following:		
Dino K	atsiame	tis				
			Name of	Person		
Ethos I	ending.	Inc.				
			Firm/Con	npany		
26391	Crown \	Valley Pkwy, #230				
			Addre	ess		
Mission	n Vi <mark>c</mark> jo,	CA 92691				
			City/State a	nd Zip code		
Dino@	ethosler	nding.com				
		E-mail address: (to be used f	for future annual report	notification)	
For fur	ther inf	ormation concerning this mat	ter, please c	all:		
Dino K	atsiame	tis	949	720-1616		
	Name	e of Person	Area Cod	e Daytime Telep	phone Number	
	Regist Divisi The C 2415 I	tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	
Please r		check for the following amounted payable to: FLORIDA DEP ng Fee S78.75 Filing I Certificate of S	ARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

under the law of which it is incorporated.

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 unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
California 3.		16-2112388	
12/20/2012	y under the law of which it is incorporated)	(FEI number, if appl	
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 lley Pkwy, #230, Mission Viejo, CA 92691	lorida, if prior to registration) 2. F.S., to determine penalty liability)
-	(Principal office	: <u>street</u> address)	
	(Current mailing	address, if different)	7624 Co. 1 1 h
Name and stree Name:	et address of Florida registered agent: (P.O. Paracorp Incorporated	Box NOT acceptable)	
fice Address:	155 Office Plaza Drive, 1st Floor		= : 뉴
	Tallahassee	, Florida ³²³⁰¹	SC
	(City)	(Zip code)	

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

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

Docusign Envelope ID: 08385758-B5C4-4C46-80B1-B4BEA30E1859

A. DIRECTORS

□Chairman _s	Name:	□ Chairman	Dino Katsiametis				
□Vice Chairman	26391 Crown Valley Pkwy Address:	□Vice Chaiπnan	Address: 26391 Crown Valley Pkwy				
□Director	#230	□Director	#230				
□President	Mission Viejo, CA 92691	□President	Mission Viejo, CA 92691				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
☐Other	□Other	■Other CEO	Other				
□Chairman	Name: Michael Mannino	□ Chairman	Name:				
□Vice Chairman	Address: 26391 Crown Valley Pkwy	□Vice Chairman	Address:				
□Director	#230	□Director					
■ President	Mission Viejo, CA 92691	□President					
□Vice President		□Vice President	7-11				
□Secretary	Treasurer	☐ Secretary	□Treasurer				
Other	Other	□Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President	<u> </u>				
□Vice President		□Vice President	1,14,1				
□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 signed by: I to the index when filing your Florida Department of State Annual Report form.							
Dino katsiametis Signature of Director or Officer							
Signature of Director of 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.

ຸ Dino Katsiametis, CEO

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/11/2024

ENTITY NAME: ETHOS LENDING, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

Entity Name: ETHOS LENDING, INC.

Entity No.: 3532385 **Registration Date:** 12/20/2012

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 October 11, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 255583629

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.