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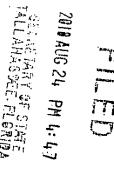
- (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
AUG 2 6 2010
•
EXAMING

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Lender Vand, LLC	of Limited Liability Company	·
		ity Company for Authorization to Transact Busin we referenced foreign limited liability company t	
Please retu	urn all correspondence concerning this matte	er to the following:	
		Y NG Name of Person	
	•	Name of Person	
	LENDERLYE	and the	
		Firm/Company	2
	1U33 BAYSIN		AUG 24
		Address	البريا سير
	BURLINHAME	:, CA 94010	
		City/State and Zip Code	PA CONTRACTOR OF THE PARTY OF T
	LNG @ PROVI	be used for future annual report notification)	100
	E-mail address: (to	be used for future annual report notification)	
For further	r information concerning this matter, please	call:	
_	Name of Person	at (<u>(050</u>) <u>(052 - 130)</u> Area Code & Daytime Telephone Number	0 act 5208
D R P	Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed	d is a check for the following amount	:	
	\$125.00 Filing Fee \$130.00 Filing Fee Certificate of S		Filing Fee, Certificate Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	DREIGN
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil npany," "L.L.C," "LLC.")	
2. (J	Jurisdiction under the law of which foreign limited liability ompany is organized) 3. 27 - 0938543 (FEI number, if applicable)	
4.	Date of Organization) 5. PEXPENDAL Couration: Year limited liability company-will cease to exist or "perpetual")	To make grain and
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. ₋	BULLING MAKE, CA 94010 (Street Address of Principal Office)	
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: ** SEE ATTACHMENT A **	
the j	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recurrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	ords in
11.	Nature of business or purposes to be conducted or promoted in Florida:	
_	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Lender Vend, LLC	·	
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	2010	
Corporation Service Company (Name)	AND 24	- 11
1201 Hays Street Tallahassee Florida Street Address (P.O. Box NOT ACCEPTABLE)	PM 4: 47 OF STATE SELORIBA	
FL ·	→	
City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Jusan Eister, lisse de

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

"Attachment A"

Name	Business Address
R. Craig Pica	1633 Bayshore Hwy Ste 135, Burlingame, CA 94010
Ralph Pica	1633 Bayshore Hwy Ste 135, Burlingame, CA 94010
Doug Pica	1633 Bayshore Hwy Ste 135, Burlingame, CA 94010
Michelle Blake	1633 Bayshore Hwy Ste 135, Burlingame, CA 94010

2018 AUG 24 PM 4: 47

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LENDERVEND, LLC

FILE NUMBER:

200214910105

FORMATION DATE:

05/23/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 August 17, 2010.

> **DEBRA BOWEN Secretary of State**