

MI 000000 8499

(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:

Office Use Only



000291545310

10/24/16--01035--014 **130.00

OCT 26 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:46

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXECUTIVE CAPITAL LENDING, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MARIA ZULUAGA

Name of Person

Firm/Company

3757 TAMiami TRAIL N

Address

NAPLES, FL 34103

City/State and Zip Code

zuluaga.maria@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Zuluaga

239

8607763

Name of Contact Person

at ()
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
15 OCT 24 PM 4:46

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EXECUTIVE CAPITAL LENDING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEVADA 3. E0002742009-3
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/21/16
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

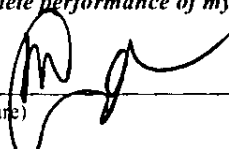
5. _____
3757 TAMIAMI TRAIL N NAPLES, FL 34103
(Street Address of Principal Office)

6. SAME AS ABOVE
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: MARIA ZULUAGA
Office Address: 3255 TAMARA DR # 2
NAPLES, Florida 34109
(City) (Zip code)

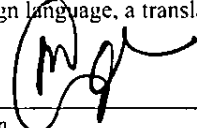
Registered agent's acceptance:

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 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
MARIA ZULUAGA, TRUSTEE 3757 TAMIAMI TRAIL N NAPLES, FL 34103

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

MARIA ZULUAGA
Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:46

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EXECUTIVE CAPITAL LENDING, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 6, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 14, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160914-2026
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

16 OCT 24 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Maria Zuluaga
3757 Tamiami Trail N
Naples, FL 34103

Job: C20160914-2026
September 14, 2016

Special Handling Instructions:

Charges

| Description | Document Number | Filing Date/Time | Qty | Price | Amount |
|--|-----------------|---------------------|-----|---------|---------|
| Cert of Existence (good standing - short form) | 20090003914-18 | 1/6/2009 8:00:20 AM | 1 | \$50.00 | \$50.00 |
| Total | | | | | \$50.00 |

Payments

| Type | Description | Amount |
|--------|-------------------------------|---------|
| Credit | 24097B 4739066286406155103058 | \$50.00 |
| Total | | \$50.00 |

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

Maria Zuluaga
3757 Tamiami Trail N
Naples, FL 34103

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:10

EXECUTIVE CAPITAL LENDING, LLC

| Business Entity Information | | | |
|-----------------------------|------------------------------------|-----------------------|---------------|
| Status: | Active | File Date: | 01/06/2009 |
| Type: | Domestic Limited-Liability Company | Entity Number: | E0002742009-3 |
| Qualifying State: | NV | List of Officers Due: | 01/31/2017 |
| Managed By: | Managers | Expiration Date: | |
| Foreign Name: | | On Admin Hold: | No |
| NV Business ID: | NV20091312847 | Business License Exp | 01/31/2017 |

| Additional Information | |
|------------------------|--|
| Central Index Key | |

| Registered Agent Information | | | |
|------------------------------|--------------------------------|--------------------|---------------------------|
| Name: | MARIA ZULUAGA | Address 1: | 375 N STEPHANIE ST # 1411 |
| Address 2: | | City: | HENDERSON |
| State: | NV | Zip Code: | 89014 |
| Phone: | | Fax: | |
| Mailing Address 1: | | Mailing Address 2: | |
| Mailing City: | | Mailing State: | NV |
| Mailing Zip Code: | | | |
| Agent Type: | Noncommercial Registered Agent | | |

View all business entities under this registered agent ()

| Officers | | <input type="checkbox"/> Include Inactive Officers | |
|-----------------------------------|-------------------------|--|-----|
| Manager - EXECUTIVE CAPITAL TRUST | | | |
| Address 1: | 375 STEPHANIE ST # 1411 | Address 2: | |
| City: | HENDERSON | State: | NV |
| Zip Code: | 89014 | Country: | USA |
| Status: | Active | Email: | |

| Actions/Amendments |
|---|
| Click here to view 9 actions/amendments associated with this company () |

Supported Internet Browser versions: Apple iOS 9, Internet Explorer 11, FireFox 45, Google Chrome 49 (available August 2016)

Disclaimer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:46