## M12000003716

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O SIMMONS MAY 0 3 2017 RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 618795 7582758

AUTHORIZATION : Spelle Blenge

COST LIMIT : \$ 130,00

ORDER DATE: April 28, 2017

ORDER TIME : 12:17 PM

ORDER NO. : 618795-010

CUSTOMER NO: 7582758

## FOREIGN FILINGS

NAME: LENDMIAMI.COM, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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.		mi.com, LLC	
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC	.")
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited l	Liability Company," "L L.C," or "LLC.")
<sub>2.</sub> Delaware		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	unber, if applicable)
4. N/A			
•	(Date first transacted husiness in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)	
<sub>5.</sub> 1835 NE Miami Ga		6. 1835 NE Miami Garde	ens Drive بمب
(Street Address of Principal Office)		(Mailing A	ddress)
Suite 217		Suite 217	
North Miami Beach	, Florida 33179	North Miami Beach, F	iorida 331/9
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	TE .
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee , Florida 32301		
	(City)	Zip o	code)
		signature) Asst	elissa Zender <del>. Vice</del> President
Title or Capacity:	acity and address of the person(s) who han Name and Address:	as/nave authority to manage is/are Title or Capacity:	: Name and Address:
Manager	Alerica Inc.	Manger	MCF Holdings of South Florida Inc
Manager	1835 NE Miam Gardens Drive, Suite 217	- Manger	1835 NE Miami Gardens Drive, Suite 217
	North Miami Beach, FL 33179	<del>-</del> -	North Miami Beach, FL 33179
Manger	Scottsdale Property Group		
	1835 NE Miams Gardens Drive, Suite 217		
	North Miami Beach, FL 33179	_	<del>11                                   </del>
(Use attachments if neces	ssary)		
	e of existence, no more than 90 days old, of which it is organized. (If the certificat aubmitted)		
	/s/ .lo	pel Eidelstein	
		of an authorized person	
	cuted in accordance with section 605.0203 of the Department of State constitutes at the		
	Joel Eid	delstein, Manager	
		r agained name of comes	·

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LENDMIAMI.COM, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LENDMIAMI.COM, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202460476

Date: 05-01-17

6394651 8300 SR# 20172925123