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(City/State/Zip/Phone #)	_
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC*	LoanUnited.com, LLC		
COLORE		nited Liability Company	
	osed "Application by Foreign Limited Liability Compan, and check are submitted to register the above reference		
Please ret	urn all correspondence concerning this matter to the fol	llowing:	
	Ryan Kerian		
	Nam	e of Person	
	Lynx Licensing		
	Firm	/Company	
	1520 Lindenberg Sq.		
	/	Address	
	Wake Forest, NC 27587		
	City/State	e and Zip Code	
	sgulati15@gmail.com		
	E-mail address: (to be used for	or future annual report notification)	20
For furthe	er information concerning this matter, please call:	日本語 本語	2011
-	Ryan Kerian	312 588-6800 S	
	Name of Contact Person	Area Code Daytime Telephone Number C.	ar So
); F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, F1, 32314	STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	ਲ਼ 🤚
		□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy of Status & Certified Copy	

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

IN COMPILANCE 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:

f name unavailable, enter alternat	e name adopted for the purpose of transacting busines	s in Florida. The al	ternate name must include "Limited Li:	ibility Company," "L.L.C," or "LLC ")
State of Georgia			\$3-1086408	
(Jurisdiction under the law of	which foreign limited hability company is organized)	<u> </u>	(FEI num	her, if applicable)
	(Date first transacted business in Florida, if (See sections 605,0804 & 605,0805, F.S. to			····
1770 Indian Trail Li		6.		
(Street Address of Suite 300	of Principal Office)		(Mailing Ada	lressi
Norcross, GA 30093				
				^. *
. Name and street addi	ress of Florida registered agent: (P.O	. Box <u>NOT</u> a	icceptable)	- 2
Name:	Corporation Service Company	······································		TALLY T
Name: Office Address:	1201 Hays Street			新 E
Office Address	Tallahassee		Florida 32301	SS en 1
legistered agent's acco laving been named as esignated in this appli o comply with the prov	(Cny)	ent as registe roper and co	red agent and agree to act	d liability company the pla in this caping the Turther a
legistered agent's acco laving been named as esignated in this appli o comply with the prov	(City) eptance: registered agent and to accept servic cation, I hereby accept the appointm isions of all statutes relative to the p	ent as registe roper and co	Cap co for the above stated limited red agent and agree to act	d liability company of the pla in this capacity. I further a
legistered agent's acco laving been named as esignated in this appli o comply with the prov	(Cny) eptance: registered agent and to accept service cation. I hereby accept the appointm isions of all statutes relative to the plans of my position as registered agen Cantle Mile	ent as registe roper and co	Cap co for the above stated limited red agent and agree to act	d liability company of the pla in this capacity. I further a
degistered agent's acculaving been named as esignated in this application of the provent accept the obligation. C. The name, title or care	(Cny) eptance: registered agent and to accept service cation. I hereby accept the appointm isions of all statutes relative to the plans of my position as registered agen Cantle Mile	reper and control. Agent's signature) the has/have a	(Zap cost for the above stated limited agent and agree to act mplete performance of my authority to manage is/are:	d liability company of the pla in this capacity. I further a
legistered agent's accordaving been named as esignated in this application occuply with the provind accept the obligation	eptance: registered agent and to accept service cation. I hereby accept the appointm isions of all statutes relative to the plans of my position as registered agen Carry Auto- (Registered.)	reper and control. Agent's signature) the has/have a	(Zap cost of the above stated limited agent and agree to act of my mplete performance of my	d liability company of the pla in this capacity. I further a
legistered agent's accordaving been named as esignated in this application comply with the provend accept the obligations. S. The name, title or care	eptance: registered agent and to accept service cation. I hereby accept the appointm isions of all statutes relative to the plans of my position as registered agen Carrier Address: pacity and address of the person(s) w Name and Address: Sanjay Gulati	tent as registeroper and cont. Agent's signature) the has/have a	(Zap cost for the above stated limited agent and agree to act mplete performance of my authority to manage is/are:	d liability company of the pla t in this capacity. I further a duties, and I am familiar wi
legistered agent's accordaving been named as essignated in this application occupily with the provind accept the obligations. Title or Capacity:	eptance: registered agent and to accept service cation. I hereby accept the appointmissions of all statutes relative to the plans of my position as registered agent (Registered.) pacity and address of the person(s) was Name and Address: Sanjay Gulati 1770 Indian Trail Lilbur	reper and control. Agent's signature) the has/have a	(Zap cost for the above stated limited agent and agree to act mplete performance of my authority to manage is/are:	d liability company of the pla t in this capacity. I further a duties, and I am familiar wi
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degistered agent's accidening been named as esignated in this application comply with the provind accept the obligation. The name, title or can accidentate of Capacity: Member Use attachments if need. Attached is a certification.	eptance: registered agent and to accept service cation. I hereby accept the appointmissions of all statutes relative to the property of my position as registered agenth (Registered). pacity and address of the person(s) was Name and Address: Sanjay Gulati 1770 Indian Trail Lilbur Ste 300, Norcross, GA 3 essary) te of existence, no more than 90 days work which it is organized. (If the cert	agent's signature) the has/have a Time Rd. 0093	for the above stated limited agent and agree to accomplete performance of my authority to manage is/are: the or Capacity:	Name and Address:

Typed or printed name of signee

Sanjay Gulati

Control Number: 18080655

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LoanUnited.com, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15998532 Date Inc/Auth/Filed: 06/29/2018 Jurisdiction : Georgia Print Date : 07/04/2018

Form Number : 211



B: {..... Brian P. Kemp Secretary of State