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| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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### COVER LETTER

| TO:                | Registration Section<br>Division of Corporations                                                                                                                                                                                                    |           |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| SUBJE              | SECURED REAL ESTATE LENDING FUND, LLC                                                                                                                                                                                                               |           |
|                    | Name of Limited Liability Company                                                                                                                                                                                                                   |           |
| The end<br>Existen | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | of<br>la. |
| Please             | turn all correspondence concerning this matter to the following:                                                                                                                                                                                    |           |
|                    | J. BRADLEY GUARINO-SANDERS                                                                                                                                                                                                                          |           |
|                    | Name of Person                                                                                                                                                                                                                                      |           |
|                    | SECURED REAL ESTATE LENDING FUND, LLC                                                                                                                                                                                                               |           |
|                    | Firm/Company                                                                                                                                                                                                                                        |           |
|                    | 1044 N. U.S. HIGHWAY I, SUITE 101                                                                                                                                                                                                                   |           |
|                    | Address                                                                                                                                                                                                                                             |           |
|                    | JUPITER, FL 33477                                                                                                                                                                                                                                   |           |
|                    | City/State and Zip Code                                                                                                                                                                                                                             |           |
|                    | brad@inletfunding.com                                                                                                                                                                                                                               |           |
|                    | E-mail address: (to be used for future annual report notification)                                                                                                                                                                                  |           |
| For fur            | er information concerning this matter, please call:                                                                                                                                                                                                 |           |
|                    | J. Bradley Guarino-Sanders 561 401-1365                                                                                                                                                                                                             |           |
|                    | Name of Contact Person 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            |           |
| Enclose            | is a check for the following amount:  ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy  □ \$160.00 Filing Fee, Certificate of Status                                         |           |

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, anter alternata nam                                                                                            | ne adopted for the purpose of transacting business in Flor                                                                                                                                                                                     | rids. The alternate name must include "Limited Lis                                                                                                                                  | bility Company," "L.L.C." or "LLC."                                       |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                  | me adopted for the purpose of distributing outliness in rior                                                                                                                                                                                   | 3. 83-1763810                                                                                                                                                                       | oracy company, Trixo, or taxor                                            |
| DELAWARE (Jurisdiction under the law of white                                                                                    | ch foreign limited liability company is organized)                                                                                                                                                                                             |                                                                                                                                                                                     | per, if applicable)                                                       |
| MONIE VEE                                                                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                                                           |
| NONE YET                                                                                                                         | (Date first transacted business in Florida, if prior to                                                                                                                                                                                        | registration.)                                                                                                                                                                      | <del></del>                                                               |
|                                                                                                                                  | (See sections 605,0904 & 605,0905, F.S. to determi                                                                                                                                                                                             |                                                                                                                                                                                     |                                                                           |
| 1209 ORANGE STREE                                                                                                                | Tincinal Office)                                                                                                                                                                                                                               | 6. 1044 N. U.S. HIGHWAY                                                                                                                                                             | 1(23)                                                                     |
| WILMINGTON, DE 19801                                                                                                             |                                                                                                                                                                                                                                                | SUITE 101                                                                                                                                                                           | <b>6</b>                                                                  |
|                                                                                                                                  |                                                                                                                                                                                                                                                | JUPITER, FL 33477                                                                                                                                                                   |                                                                           |
|                                                                                                                                  |                                                                                                                                                                                                                                                |                                                                                                                                                                                     | <u> </u>                                                                  |
| Name and street address                                                                                                          | of Florida registered agent: (P.O. Box                                                                                                                                                                                                         | NOT accentable)                                                                                                                                                                     | 12                                                                        |
| • • • • • • • • • • • • • • • • • • • •                                                                                          |                                                                                                                                                                                                                                                | <u>ivo i</u> acceptable)                                                                                                                                                            |                                                                           |
| Name:                                                                                                                            | J. BRADLEY GUARINO-SANDERS                                                                                                                                                                                                                     | <del></del>                                                                                                                                                                         | 24 PH 12 *                                                                |
| Office Address:                                                                                                                  | 1025 W. INDIANTOWN ROAD, SUIT                                                                                                                                                                                                                  | ΓE 101                                                                                                                                                                              | 5g : 15                                                                   |
|                                                                                                                                  | ti ibirieb                                                                                                                                                                                                                                     | 27450                                                                                                                                                                               | <u> </u>                                                                  |
|                                                                                                                                  | JUPITER (City)                                                                                                                                                                                                                                 | , Florida 33458                                                                                                                                                                     | <u> </u>                                                                  |
|                                                                                                                                  | ons of all statutes relative to the proper<br>of my position as registered agent.<br>(Registered agent's                                                                                                                                       |                                                                                                                                                                                     | duties, and I am familiar                                                 |
| nd accept the obligations  The name, title or capac                                                                              | of my position as registered agent.  (Registered agent's city and address of the person(s) who has                                                                                                                                             | signature) as/have authority to manage is/are:                                                                                                                                      |                                                                           |
| nd accept the obligations                                                                                                        | (Registered agent's city and address of the person(s) who have the same and Address:                                                                                                                                                           | signature)                                                                                                                                                                          | duties, and I am familiar  Name and Address:                              |
| nd accept the obligations  The name, title or capac                                                                              | (Registered agent's city and address of the person(s) who hand address:                                                                                                                                                                        | signature) as/have authority to manage is/are:                                                                                                                                      |                                                                           |
| nd accept the obligations  The name, title or capac                                                                              | (Registered agent's city and address of the person(s) who hand address:                                                                                                                                                                        | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   |                                                                           |
| nd accept the obligations  The name, title or capac                                                                              | (Registered agent's city and address of the person(s) who hand address:                                                                                                                                                                        | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   |                                                                           |
| nd accept the obligations  The name, title or capac                                                                              | (Registered agent's city and address of the person(s) who hand address:                                                                                                                                                                        | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   |                                                                           |
| nd accept the obligations  The name, title or capac                                                                              | (Registered agent's city and address of the person(s) who hand address:                                                                                                                                                                        | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   |                                                                           |
| The name, title or capacity:                                                                                                     | (Registered agent's city and address of the person(s) who has Name and Address:  SEE ATTACHED                                                                                                                                                  | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   |                                                                           |
| The name, title or capacity:  Use attachments if necess                                                                          | (Registered agent)  (Registered agent's city and address of the person(s) who hat Name and Address:  SEE ATTACHED                                                                                                                              | signature) as/have authority to manage is/are: Title or Capacity:                                                                                                                   | Name and Address:                                                         |
| The name, title or capacity:  Use attachments if necess  Attached is a certificate                                               | city and address of the person(s) who han and Address:  SEE ATTACHED  ary)  of existence, no more than 90 days old,                                                                                                                            | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official has                                                                           | Name and Address:                                                         |
| The name, title or capacity:  Use attachments if necess Attached is a certificate or risdiction under the law of                 | city and address of the person(s) who has Name and Address:  SEE ATTACHED  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate                                                                         | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official has                                                                           | Name and Address:                                                         |
| Use attachments if necess  Attached is a certificate or instruction under the law of the translator must be su                   | ary)  of my position as registered agent.  (Registered agent's city and address of the person(s) who has Name and Address:  SEE ATTACHED  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted) | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official have is in a foreign language, a transla                                      | Name and Address:                                                         |
| The name, title or capacity:  Use attachments if necess  Attached is a certificate or indicated and the translator must be sure. | ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  attended in accordance with section 605.020.                                                                                             | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official hase is in a foreign language, a transla  (1) (b), Florida Statutes, I am awa | Name and Address:  aving custody of records into of the certificate under |
| The name, title or capacity:  Use attachments if necess  Attached is a certificate or indicated and the translator must be sure. | ary)  of my position as registered agent.  (Registered agent's city and address of the person(s) who has Name and Address:  SEE ATTACHED  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted) | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official hase is in a foreign language, a transla  (1) (b), Florida Statutes, I am awa | Name and Address:  aving custody of records into of the certificate under |
| The name, title or capacity:  Use attachments if necess  Attached is a certificate or indicated and the translator must be sure. | ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted)  the Department of State constitutes a the                                                                                                | signature) as/have authority to manage is/are: Title or Capacity:  duly authenticated by the official hase is in a foreign language, a transla  (1) (b), Florida Statutes, I am awa | Name and Address:  aving custody of records into of the certificate under |

# Secured Real Estate Lending Fund, LLC

## **Board of Managers:**

MGR Jerry Sager 6231 PGA Boulevard, Suite 104 Palm Beach Gardens, FL 33418

MGR Russell A. Kerr 1025 W. Indiantown Road, Suite 101 Jupiter, FL 33458

MGR J. Bradley Guarino-Sanders 1025 W. Indiantown Road, Suite 101 Jupiter, FL 33458 MGR Bjarne Borg 1044 N. US Highway 1, Suite 101 Jupiter, FL 33477

MGR Alan R. Swift
1044 N. US Highway 1, Suite 101
Jupiter, FL 33477



Page 1



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

DELAWARE, DO HEREBY CERTIFY "SECURED REAL ESTATE LENDING FUND 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2018.

7036090 8300 SR# 20186747615

Authentication: 203457696

Date: 09-20-18