# M1900000612

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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K SAIY JAN 17 25 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 582758 7800402

AUTHORIZATION : Spelle Report

COST LIMIT : \$ 425-00

ORDER DATE: January 15, 2019

ORDER TIME : 12:06 PM

ORDER NO. : 582758-020

CUSTOMER NO: 7800402

#### FOREIGN FILINGS

NAME: LENDAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S		
SUBJECT:	Lendage, LLC			
SUBJECT		Name of L	imited Liability Company	
The enclosed Existence, ar	i "Application by Fon and check are submitted	eign Limited Liability Compa d to register the above refere	any for Authorization to Tra	nsact Business in Fiorida," Certificate of company to transact business in Florida.
Please return	all correspondence c	oncerning this matter to the f	following:	
	Kyle Enright			
	<del></del>	Na	me of Person	
	Lendage, LLC			
		Fir	m/Company	
	1875 S. Grant S	Street, Suite 510		
			Address	
	San Mateo/ CA	94402		
		City/St	ate and Zip Code	
	kenright@lendag	ge.com		
		E-mail address: (to be used	for future annual report not	ification)
For further i	nformation concernin	g this matter, please call:		
Ку	le Enright		650 393-67	20
	Name 0	f Contact Person		time Telephone Number
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, Fl. 32301
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\Boxed{\Omega}\$\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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 FOREXCIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in	n Florida. The alternat	e name must include "Limited	Liability Company," "L.L C," or "LLC,")
Delaware			-2017828	
(Jurisdiction under the law of v	which foreign limited liability company is organized)			number, if applicable)
1	(Date first transacted business in Florida, if price	of to registration		
	(See sections 605,0904 & 605,0905, F.S. to det	termine penalty liabilit	ry)	
5. 1875 S. Grant Street (Street Address of	Popular Office	6	(Mailing	Address
Suite 510	, the part of the		, <b>.</b>	7
San Mateo, CA 94402				Address)
				5
<ol> <li>Name and <u>street addre</u></li> </ol>	ss of Florida registered agent: (P.O. E	Box <u>NOT</u> acce	ptable)	
Name:	Corporation Service Company	<del></del>		· · · ·
Office Address:	1201 Hays Street		_	. برينغر ا
	Tallahassee		, Florida <u>32301</u>	
	1Cinus		, 11011tta(Zip	o code)
Having been named as r lesignated in this applic to comply with the provis	otance: egistered agent and to accept service ation, I hereby accept the appointmen sions of all statutes relative to the pro us of my position as registered agent.  Corporation Service Company	nt as registered per and compl	agent and agree to a tee performance of t Roxan	act in this capacity. I further agree my duties, and I am familiar with NO Turner
Having been named as r designated in this applic to comply with the provis	ptance: egistered agent and to accept service ation, I hereby accept the appointmer sions of all statutes relative to the pro ns of my position as registered agept:	nt as registered per and comple	agent and agree to a tee performance of t Roxan	act in this capacity. I further agree my duties, and I am familiar with
designated in this applicate comply with the provision accept the obligation  8. The name, title or cap	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent Corporation Service Company By  (Registered agent pacity and address of the person(s) who	nt as registered per and comple cont's signature) o has/have auth	agent and agree to ete performance of a Roxan  A Asst. Vic	act in this capacity. I further agreemy duties, and I am familiar with ne Turner  E President  e:
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Having been named as r designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:  President	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By  (Registered age pacity and address of the person(s) who Name and Address:  Kyle Enright  1875 S. Grant Street, Ste.	on tas registered per and completed is signature) o has/have auth Title o	agent and agree to cate performance of r  Roxan A Asst. Vio	act in this capacity. I further agreemy duties, and I am familiar with the Turner se President  e: Name and Address: Andrew Housser  1875 S. Grant Street, Ste. 510
Having been named as r designated in this applicate to comply with the provisuand accept the obligation  8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent. Corporation Service Company By  (Registered age accity and address of the person(s) who Name and Address:  Kyle Enright  1875 S. Grant Street, Ste. San Mateo, CA 94402	on has/have auth Title o	agent and agree to cate performance of r  Roxan A Asst. Vio	act in this capacity. I further agreemy duties, and I am familiar with the Turner se President  e: Name and Address: Andrew Housser  1875 S. Grant Street, Ste. 510
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Having been named as redesignated in this applicate to comply with the provisuand accept the obligation.  8. The name, title or capacity: President  Managing Member  (Use attachments if neces.)  9. Attached is a certificate.	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent. Corporation Service Company By  (Registered age actity and address of the person(s) who Name and Address:  Kyle Enright  1875 S. Grant Street, Ste. San Mateo, CA 94402  Bradford Stroh  1875 S. Grant Street, Ste. San Mateo, CA 94402	o has/have auth Title o Mana	agent and agree to ete performance of a Roxan Asst. Vic	act in this capacity. I further agreemy duties, and I am familiar with the Turner se President se.  Name and Address: Andrew Housser 1875 S. Grant Street, Ste. 516 San Mateo, CA 94402
Having been named as relesignated in this application comply with the provisiond accept the obligation.  8. The name, title or capacity: President  Managing Member  (Use attachments if neces).  Attached is a certificat	prance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By  (Registered age nacity and address of the person(s) who Name and Address:  Kyle Enright  1875 S. Grant Street, Ste. San Mateo, CA 94402  Bradford Stroh  1875 S. Grant Street, Ste. San Mateo, CA 94402  ssary)  c of existence, no more than 90 days of which it is organized. (If the certif	o has/have auth Title o Mana	agent and agree to ete performance of a Roxan Asst. Vic	act in this capacity. I further agreemy duties, and I am familiar with the Turner se President se.  Name and Address: Andrew Housser 1875 S. Grant Street, Ste. 516 San Mateo, CA 94402

Typed or printed name of signed

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LENDAGE, 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 FIFTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LENDAGE, LLC"

WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2018.

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

19 JAN 16 PH 8: 06



Authentication: 202084981

Date: 01-15-19

7066079 8300 SR# 20190288697

You may verify this certificate online at corp.delaware.gov/authver.shtml