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NAME: LOAN DIRECT LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Loan Direct, LLC		
		Limited Liability Company	
	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above refe		
Please	return all correspondence concerning this matter to th	e following:	
	Steven Sheasby		
	1	lame of Person	- Printers
	Integrity Mortgage Licensing		
	i	irm/Company	
	2961 W MacArthur Blvd, Suite 209		
		Address	
	Santa Ana, CA 92704		
	City/	State and Zip Code	
	jlam@loandirect.us		
	E-mail address: (to be use	d for future annual report notific	cation)
For fur	ther information concerning this matter, please call:		
	Steven Sheasby	949 505-5049 at ()	
	Name of Contact Person	Area Code Daytin	ne Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Registration Clifton Buil	Corporations Section ding tive Center Circle
Enclose	ed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status		S160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.
Delaware		3. 82-1784330	
	hich foreign limited liability company is organized)		per, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ine penalty liability)	
2102 Business Center		6. 2102 Business Center Driv	e, Ste. 208D
(Street Address of Irvine, CA 92612	Principal Office)	(Mailing Addi	ress)
AVIIC, CA 72012		11VIIIC, CX 72012	
		-	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Paracorp Incorporated		
Office Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee	, Florida 32301 (Zip cod	
	(Ciry)	, riorida(Zip cod	e)
comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. See attached.	s registered agent and agree to act and complete performance of my	
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comply with the provising accept the obligation The name, title or cap	sions of all statutes relative to the proper is of my position as registered agent. See attached. (Registered agent's acity and address of the person(s) who han Name and Address: Joe Lam	signature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I furthe duties, and I am familian
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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/8/2020

ENTITY NAME: Loan Direct, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "LOAN DIRECT, 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 EIGHTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOAN DIRECT, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2019.

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



Authentication: 202898382

Date: 05-08-20