

11/6/2020

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : I2008000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Worthy Lending IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2020 NOV -6 PM 3:10

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORTHY LENDING IV, 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 SIXTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORTHY LENDING IV, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2020.

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

2020-11-06 PM 3:03



4032855 8300

SR# 20208270452

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204027444

Date: 11-06-20

**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. Worthy Lending IV, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If same unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>551 NW 77th St., Suite 212</u> (Street Address of Principal Office)	6. <u>551 NW 77th St., Suite 212</u> (Mailing Address)
<u>Boca Raton, FL 33487</u>	<u>Boca Raton, FL 33487</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

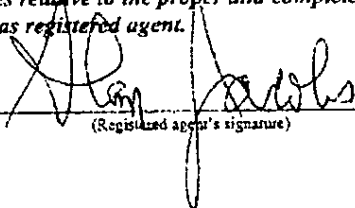
Name: Alan Jacobs

Office Address: 551 NW 77th St., Suite 212

Boca Raton, Florida 33487
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

2020-11-06 19:42:38

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:Name and Address:☐ ManagerName: Worthy Community Bonds II, Inc☒ MemberAddress: 551 NW 77th St., Suite 212☐ AuthorizedBoca Raton, FL 33487

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

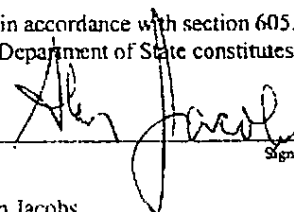
Person _____

☐ Other _____☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Alan Jacobs

Typed or printed name of signer

H20000326043-3
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A. DIRECTORS

☐ Chairman Name: Carmel Alberino
☐ Vice Chairman Address: 213 Grove Street
Medford, MA 02155
☐ Director
☒ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Michael Alberino
☐ Vice Chairman Address: 213 Grove Street
Medford, MA 02155
☐ Director
☐ President
☒ Vice President
☐ Secretary ☒ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Important Notice: Use in attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony punishable for up to 5 years in prison.

Michael Alberino, Vice President

(Type or printed name and capacity of person signing application)