

M21000001488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

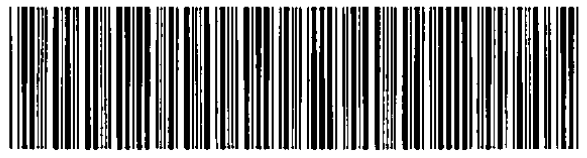
(Business Entity Name)

(Document Number)

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FEB -5 PM 4: 19

FLORIDA

2021 FEB -5 PM 12: 54

APPROVED AND FILED

FEB -8 2021  
K Brumbley

# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: wlopez@aisincfl.com  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

Extreme Loans, LLC  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY

## PICK ONE:

CERTIFIED COPY  PHOTOCOPY  C.U.S.

## FILING:

CORPORATION  LLC  LIMITED PARTNERSHIP  GENERAL PARTNERSHIP

FICTITIOUS NAME  SERVICEMARK/TRADEMARK  AMENDMENT

FOREIGN QUALIFICATION  JUDGMENT LIEN

OTHER \_\_\_\_\_

## RETRIEVAL:

GOOD STANDING CERT/C.U.S.  CERTIFIED COPY  PHOTOCOPY

Of \_\_\_\_\_

## POSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 2/5/21 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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. Extreme Loans LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name 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. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2553368  
(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. 29444 Northwestern Hwy.  
(Street Address of Principal Office)

6. 29444 Northwestern Hwy.  
(Mailing Address)

Southfield, MI 48034  
Southfield, MI 48034

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

Name: Universal Registered Agents, Inc.

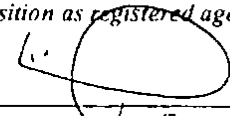
Office Address: 1317 California Street

Tallahassee, Florida 32304  
(City) (Zip code)

2021 FEB -5 PM 12:55  
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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)

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:  
 Manager                      Name: Ryan Qarana  
 Member                      Address: 29444 Northwestern Hwy.  
 Authorized                      Southfield, MI 48034  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager                      Name: Zack Jabro  
 Member                      Address: 29444 Northwestern Hwy.  
 Authorized                      Southfield, MI 48034  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_


Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

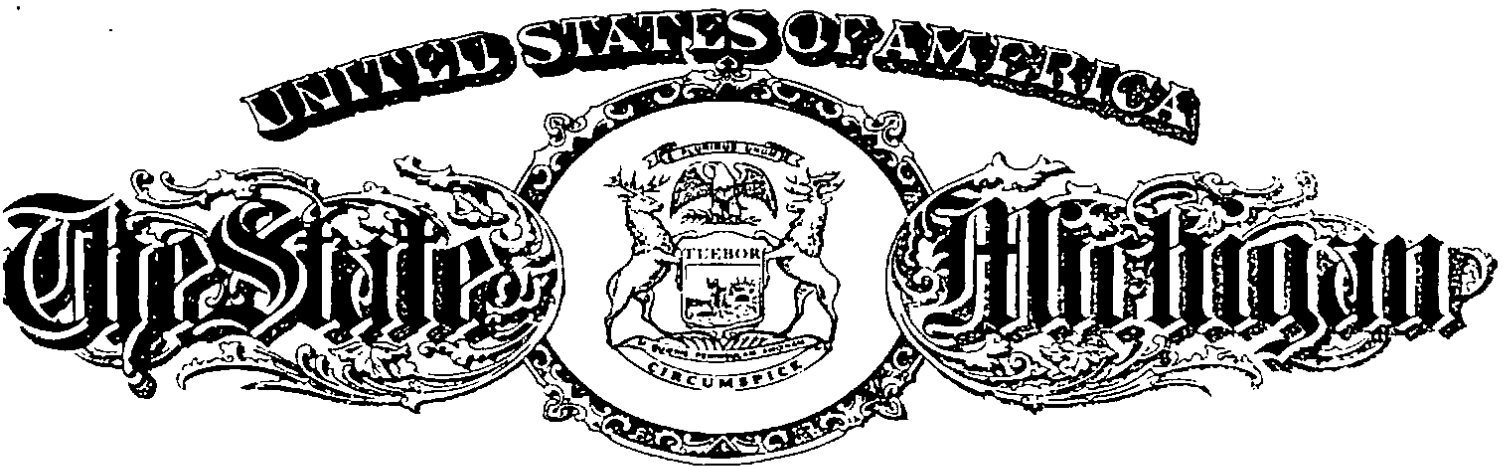
Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

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

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 by the translator must be submitted)

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  
Ryan Qarana  
\_\_\_\_\_  
Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That  
**EXTREME LOANS LLC**

was validly authorized on August 20, 2020, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 29th day of January, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21010788508