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NAME:

PFG LENDING LLC

TYPE OF FILING: APPLICATION

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ACCOUNT: **FCA00000015**

AUTHORIZATION: ABBIE/PAUL HODGE

Ohhie Hodge

COVER LETTER

	PFG LENDING LLC					
SUBJECT:	Name of Limited Liability Company					
The enclose Existence, a	d "Application by Foreign Limited Liability C and check are submitted to register the above re	company for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus	" Certificate of iness in Florid			
lease retur	n all correspondence concerning this matter to	the following:				
	CYNTHIA WEBSTER					
		Name of Person	_			
	CLEAN ENERGY COUNSEL, LLP					
	Firm/Company					
	555 MONTGOMERY STREET, SUITE 1205					
	Address					
	SAN FRANCISCO, CA 94111		~-3			
	City/State and Zip Code					
	dianne@pacefunding.com		_			
	E-mail address: (to be	used for future annual report notification)				
For further i	information concerning this matter, please call	:	·			
Су	nthia Webster	925 366-4900 at ()	-1			
	Name of Contact Person	Area Code Daytime Telephone Number	_			
Mailing Address: Registration Section		Street Address: Registration Section				
	vision of Corporations	Division of Corporations				
	O. Box 6327	The Centre of Tallahassee				
Ta	Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: lase make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$\frac{13}{4}\$	& \square \$155.00 Filing Fee & \square \$160.00 Filing Fee				

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

IN COMPILANCE 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:

	name adopted for the purpose of transacting business in FI	orida. The a	lternate name must include "Limited Liability Ce	ompany," "L.L.C." or "LL
Delaware		2		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if appl	licable)
	(Pare first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty) iabihty)	
750 University Avenu	c. Suite 140		750 University Avenue, Suite 140	
eet Address of Principal Office)		6.	(Mailing Address)	
Los Gatos, CA 95032			Los Gatos,CA 95032	
		-		٠,
 				-
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box Paracorp Incorporated	<u>NOT</u> a	eceptable)	
Name:	· · ·			
Name: Office Address:	155 Office Plaza Drive, 1st Floor			• 1
	155 Office Plaza Drive, 1st Floor		32301 Florida	. ;
	155 Office Plaza Drive, 1st Floor		32301 , Florida (Zip code)	. ;
Office Address: tistered agent's accepting been named as regarded in this application omply with the provise	Tallahassee (Cny) tance: gistered agent and to accept service of pation, I hereby accept the appointment accepts of pations of all statutes relative to the proper	orocess j s registe	for the above stated limited liability red agent and agree to act in this i	y company at th cupacity. I furth
Office Address: tistered agent's accepting been named as regarded in this application omply with the provise	Tallahassee (Cny) tance: gistered agent and to accept service of ption, I hereby accept the appointment as	process j s registe and con	for the above stated limited liability red agent and agree to act in this i	y company at the capacity. I furth

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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]:

	Name and Address:	Title or Capacit	<u>Y: Name and Address:</u>
Manager	Name: Robert Giles	Manager	Name: Mark Schmidt
]Member	Address:	□Member	Address:
Authorized	750 University Avenue, Suite 140	□Authorized	750 University Avenue, Suite 140
Person	Los Gatos, CA 95032	Person	Los Gatos, CA 95032
Other	□Other	Other	□Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized	750 University Avenue, Suite 140	□Authorized	
Person	Los Gatos, CA 95032	Person	
Other	Other	Other	Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
authorized		□Authorized	
'erson		Person	'1
		□Other	

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

02/11/2021

ENTITY NAME: PFG LENDING 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 "PFG LENDING 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PFG LENDING LLC"
WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202367091

Date: 01-26-21

, .,