

10/8/21, 9:41 AM

Division of Corporations

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Florida Department of State  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*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**  
**LendingPoint LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 04       |
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5/3/21  
10/11/21

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LendingPoint LLC

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

N/A

(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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1697765

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability.)

5. 1201 Roberts Blvd NW

(Street Address of Principal Office)

6. 1201 Roberts Blvd NW

(Mailing Address)

Suite 200

Suite 200

Kennesaw, GA 30144

Kennesaw, GA 30144

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By: C T Corporation System By: Kaity Toon, Asst Secretary

(Registered agent's signature)

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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):

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>        |
|------------------------------------------------|--------------------------------|------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Manager               | Name: Thomas Burnside, CEO     | <input type="checkbox"/> Manager               | Name: Greg McLaughlin           |
| <input type="checkbox"/> Member                | Address: 1201 Roberts Blvd NW  | <input type="checkbox"/> Member                | Address: General Counsel        |
| <input checked="" type="checkbox"/> Authorized | Suite 200, Kennesaw GA 30144   | <input checked="" type="checkbox"/> Authorized | 1201 Roberts Blvd NW, Suite 200 |
| Person                                         |                                | Person                                         | Kennesaw, GA 30144              |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                           |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                        |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                 |
| Person                                         |                                | Person                                         |                                 |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                           |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                        |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                 |
| Person                                         |                                | Person                                         |                                 |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                           |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                        |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                 |
| Person                                         |                                | Person                                         |                                 |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |

**Important Notice:** Use as 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  
 Greg McLaughlin, General Counsel  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LENDINGPOINT 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 JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LENDINGPOINT LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2014.

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

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SR# 20212710546

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", 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: 203679356

Date: 07-15-21