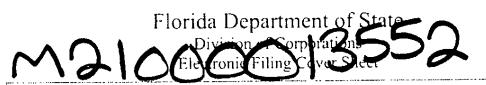
From: 17184082550 To: 18506176383

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: Sol@truestonegroup.com

Foreign Limited Liability Company TRUESTONE LENDING LLC

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

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Corporate Filing Menu

Help

OCT 1 4 2021

K. Brumbley

(((H21000382781.3)))

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

	OMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. L PANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IMITED ! LABIUTY
1. <u>TR</u>	(Name of Foreign Limited Liability Company; must include "Limited Elability Company;" "L.U.C." or "LLC.")	

	ame adopted for the purpose of transacting business	Florida. The alternate name must include "Limited Liability Compan	Multiplication of the Property Court
NEW YORK		3	
Thrisdiction under the law at wh	high foreign irmited liability company is organized)	3. (PF) number, it applicable	·)
	(Date first transacted business in Florida, if pric (See sections 605,090) & 605,0905, F.S. to de	to registration.) runne penalty hability (
10 WEST 33RD STRE	EET	10 WEST 33RD STREET	
reet Address of Principal Office)		6. (Mailing Address)	
SUITE 312		SUITE 312	
NEW YORK, NY 10001		NEW YORK, NY 10001	
Name and street addres	88 of Florida registered agent: (P.O. I	ox NOT acceptable)	2021 OCT
Name:	Levi Vogel		FA FA
Name: Office Address:	9507 NW 38th Street	SSEE, FL	FILED
		33065 Florida	FILED 13 AM 9: 33
	9507 NW 38th Street	33065 (Apresse)	
Office Address: legistered agent's accep laving been named as re esignated in this applica o comply with the provisi	Ocal Springs (Cay) Stance: Springe and to accept service trion. I hereby accept the appointment.	Florida + C	ompany at the place

(((H210003827813)))

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Sol Dayan	□Manager	Name: Jack A. Aini
□Member	Address: 10 West 33rd Street		Address: 2615 Coney Island Avenue
□Authorized	Suite 312		Brooklyn, NY 11223
Person	New York, NY 10001	Person	
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other		□()ther	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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.

	/s/ Jack A. Aini		
		Signature of an authorized person	
	Jack A. Aini		
(((H21000382781 3)))		Typed or printed name of signer	

From: 17184082550 To: 18506176383

(((H210003827813)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TRUESTONE LENDING LLC

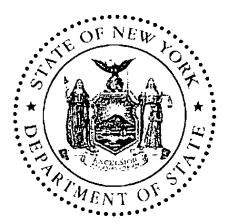
DOS ID Number: 6298172

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 10/07/2021

Statement Status: CURRENT Statement Due Date: 10/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 13, 2021 at 02:19 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hugha

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000484743 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov