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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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** Lana Loan, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

# 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:

	and adopted for the pulyone or datasette		name must include "Limited Liability Con	aparty, Edit, in the
Georgia	nich foreign limited liability company is o	j	6-2755100	licable)
() unisdiction under the law of w	nen torrigo innicea natituty company is o	, gana co,		
	(Date first transacted business in F (See sections 605 0904 & 605,090	londa, it prior to registration.) 5, F.S. to determine penalty liabilit	y)	
7901 4th St N		6. 79	901 4th St N	
(Street Address of	Principal Office)		(Mailing Address)	
STE 300		STE 300		
St. Petersburg FL 33702		St	St. Petersburg FL 33702	
Name and street addre	ss of Florida registered agent	: (P.O. Box NOT acce	otable)	SECRETARY NLL AHASS
				B 17
Name:	Registered /	Agents Inc.		
Office Address:	7901 4th St	N STE 300		AM II: 30 OF STATE E. FLORIDZ
Chiec Address.	St. Petersbu	ıra	33702	DA Ö
		(City)	, Florida(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.

Bell Have
(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: <sub>Name:</sub> Lana Bilyy Name: Manager Manager Address: 3542 S Puckett Rd Address: Member **Member** Buford GA 30519 Authorized ☐ Authorized Person Person \_\_\_\_Other\_\_\_\_\_\_ Other\_\_\_\_ Other Name: Name: \_\_\_\_\_ Manager Manager Manager ☐ Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_ Other\_ Other\_ Name: Manager | Name: Manager Address: Member Address: Member 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.





Control Number: 21082423

#### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

## Lana Loan, LLC. a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22558333 Date Inc/Auth/Filed: 03/22/2021 Jurisdiction : Georgia Print Date : 02/16/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger