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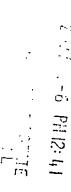
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S. HAWKES ΔPR - = 2021

#### COVER LETTER

TO:		ation Section 1 of Corporations	
SUBJE	CT:	ndwithus, LLC	
			Name of Limited Liability Company
The encl Existenc	losed "A ce, and cl	oplication by Foreign Limited Li neck are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please re	ctum all	correspondence concerning this r	natter to the following:
		Adon Solomon	
			Name of Person
		Cohen Pollock Merlin Turner,	P.C.
			Firm/Company
		3350 Riverwood Parkway, Suit	e 1600
			Address
		Atlanta, GA 30339	
			City/State and Zip Code
		asolomon@cpmtlaw.com	
	•	E-mail addres	s: (to be used for future annual report notification)
For furth	her infor	mation concerning this matter, pl	ease call:
Adon Solomon		olomon	770 858-1288
		Name of Contact Perso	
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations			Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	lallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Please 1	.00 Filing Fee	A DEPARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo		many company. Dec, 14 the
corgia		3.	
furisdiction under the law of wh	nich foreign limited liability company is organized)	(FEI numi	ber, if applicable)
∛A			
<del></del>	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration)	
555 Mansell Road ST			20
	£ 300	4555 Mansell Road STE 30	.W
Address of Principal Office)		(Mailing Address)	
Ipharetta, GA 30022		Alpharetta, GA 30022	
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		Nor	***
lame and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
ame and street addres		NOT acceptable)	5
	s of Florida registered agent: (P.O. Box Kimmie Doss	NOT acceptable)	- ! ~
ame and <u>street addres</u> Name:		NOT acceptable)	- ! ~
Name:		NOT acceptable)	- ! ~
	Kimmie Doss	NOT acceptable)	2 1-6 Fil 12:41
Name:	Kimmie Doss	32578	- ! ~
Name:	Kimmie Doss 603 Buckeye Court Niceville	32578 , Florida	- ! ~
Name:	Kimmie Doss 603 Buckeye Court	32578	- ! ~
Name:  Office Address:  stered agent's accept	Kimmie Doss  603 Buckeye Court  Niceville  (Cay)	32578 , Florida (/.ip code)	-6 Fil 12:41
Name:  Office Address:  stered agent's accepting been named as rej	Kimmie Doss  603 Buckeye Court  Niceville  (Cay)	. Florida (Lip code)	liability company at the p

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: Name and Address: Title or Capacity: Name: Jerry Cohen ■ Manager Name: □ Manager Address: 4555 Mansell Road STE 300 □ Member □ Member Address: \_\_\_\_\_\_\_ Alpharetta, GA 30022 □ Authorized □ Authorized Person Person Other\_ Other\_\_\_\_ Other \_\_\_\_\_ Other □ Manager Name: \_\_\_\_\_ □ Manager Name: □Member Address: \_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □Other\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Other Name: \_\_\_\_\_ Name: ■ Manager ■ Manager ☐ Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other Other\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

terry cohen

Control Number: 21249418

## 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 seal of my office that

Lendwithus 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 : 23083440
Date Inc/Auth/Filed: 09/17/2021
Jurisdiction : Georgia
Print Date : 04/05/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State