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TO:	Registration Section Division of Corporations	
y SUBJE	Debbie Lending LLC CT:	
30101	<u> </u>	Name of Limited Liability Company
The end Existen	losed "Application by Foreign Limited ce, and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate of he above referenced foreign limited liability company to transact business in Florida.
Please i	return all correspondence concerning thi	s matter to the following:
	Marion Lydon	
		Name of Person
	McGlinchey Stafford, PLLC	(Authorized Representative)
		Firm/Company
	601 Poydras St., Suite 1200	
		Address
	New Orleans, LA 70130	
		City/State and Zip Code
	hello@joindebbie.com	
	E-mail add	ress: (to be used for future annual report notification)
For fur	ther information concerning this matter,	, please call:
	Marion Lydon	504 654-1132 or email: mlydon@mcglinchey.com
	Name of Contact Per	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	□ \$125.00 Filing Fee ■ \$130.00	gamount: RIDA DEPARTMENT OF STATE 0 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. FIMITED FABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. Debbie Lending LLC					_
(Name of Foreign I	anuted Liability Company, must include "Limited	d Liabilit	y Company, ' 'l, l, C, '' or "l,l C '')		
N/A					
(If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in Fl	orula Ibe	alternate name must include 'I muted I jal-	odity Company," "L.C. o	r:110
Delaware 2.		3.	88-0848806		
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(114 number	, (Lapplicable)	
N/A 4.	_				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registratio ne penalty	n.) Tiability)		
1000 Brickell Ave		6.	1000 Brickell Ave		
(Street Address of Principal Office)			(Mailing Address)		
STE #715			STE #715		
Miami, FL 33131			Miami, FL 33131		
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	2022 JUH I	- TT
Name:	Platinum Agent Services LLC			7 A	1
Office Address:	155 Office Plaza Dr			AM II: 45	ا ۳۰ گهرمیت
	Tallahassee		32301 Florida		
	(City)		(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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Debbie. Inc. (100% Owner)	□Manager	Name: Maxime Fourmault
⊒Member	1000 Brickell Ave STE #715. Address: Miami, FL 33131	□Member	Address: Austin, TX 78726
□Authorized		□Authorized	
Person		Person	
□Other	Other	■Other	Other
⊒Manager	Name:	☐Manager	Name:
⊒Member	1000 Brickell Ave STE #715, Address: Miami, FL 33131	□Member	Address:
□Authorized		□Authorized	
Person		Person	
©EO CEO	Other	Other	□Other
□Manager	Name:	∏Manager	Name:
□Member	1000 Brickell Ave STE #715. Address: Miami, FL 33131	□Member	Address:
□Authorized		□Authorized	
Person		Person	
■OtherCOO	□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.

Signature of an authorized person

Rachel Lauren, COO

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEBBIE 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-FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEBBIE LENDING LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2022.

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



Authentication: 203507403

Date: 05-24-22