

M22000013650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

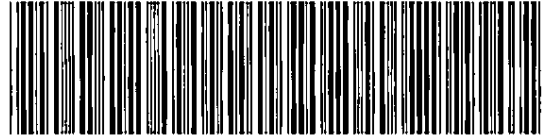
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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K. Brumley

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SECRETARY OF STATE
ALLAHABAD, INDIA

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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FOREIGN LLC

1. CONCIERGE LENDING LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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:

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

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

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 26831 CARRANZA DR
(Street Address of Principal Office)

6. _____
(Mailing Address)

MISSION VIEJO, CA 92691

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

Name: Registered Agent Solutions, Inc.

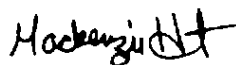
Office Address: 155 Office Plaza Dr. Suite A

Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2022 SEP -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Mackenzie Hart, Asst. Secretary

(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:**

☐ Manager Name: Carmela Terrazzino
☐ Member Address: 26831 Carranza Dr
☐ Authorized Mission Viejo, CA 92691
 Person
☒ Other President ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Khash Behnam
☐ Member Address: 26831 Carranza Dr
☐ Authorized Mission Viejo, CA 92691
 Person
☐ Other ☐ Other

☐ Manager Name: Ralph Uribarre
☐ Member Address: 26831 Carranza Dr
☒ Authorized Mission Viejo, CA 92691
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ 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.

Rafael Uribarre
 Signature of an authorized person

Ralph Uribarre
 Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	CONCIERGE LENDING LLC
Entity No.:	201820010021
Registration Date:	07/17/2018
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 31, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 041615822

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.