(Red	questor's Name)
(Add	dress)	
- (Ad	dress)	
Ų lai	2,000,	
(City	//State/Zip/Pho	ne #)
		
☐ PICK-UP	MAIT	MAIL
(Bus	siness Entity N	ame)
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(Do	cument Numbe	r)
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Certified Copies	Certificat	es of Status
Special Instructions to F	Filing Officer	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 336113 7379371
AUTHORIZATION: MILLS Blesson
COST LIMIT : \$/160.00
ORDER DATE : January 9, 2023
ORDER TIME : 1:24 PM
ORDER NO. : 336113-005
CUSTOMER NO: 7379371
FOREIGN FILINGS
NAME: P&S LENDING, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN \$TAMPED COPY YY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	Division of Corporations	
SUBJEC	P&S Lending, LLC.	
JUDIEC	- • •	Name of Limited Liability Company
The encle Existence	osed "Application by Foreig e, and check are submitted t	n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florid
Please re	eturn all correspondence con	cerning this matter to the following:
	Ben Z. Post	
		Name of Person
	P&S Equities, In	c. ·
		Firm/Company
	P.O. Box 523	3729 Union St
		Address
	Mineral Ridge, C)H 44440
		City/State and Zip Code
	bzp123@pands.c	mc
	· · · · · · ·	-mail address: (to be used for future annual report notification)
For furth	er information concerning t	his matter, please call:
	Ben Z. Post	239 734-7678 at ()
	Name of C	Contact Person Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		
	P.O. Box 6327 The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		following amount: to: FLORIDA DEPARTMENT OF STATE \$\Begin{array} \text{S130.00 Filing Fee & B\$160.00 Filing Fee, Certificate} & \text{Certificate of Status} & \text{Certified Copy} & \text{of Status & Certified Copy} \end{array}

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

IN COMPLIANCE WITH SECTION 605.0702, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

P&S Lending, LLC		-			
(Name of Foreign	Limited Liability Company; must include	"Limited Liability Company	z." "L.L.C.," or "LLC.")	-	-
(If name unavailable, erner alternate	name adopted for the purpose of transacting but	siness in Florida, The alternate nat	me must include "Limited Liabili	ity Company," "L.L.C," or "!	LLC.")
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organ	ized)	(FEI number, s	f applicable)	-
1			•		
T	(Date first transacted business in Florida. (See sections 605.0904 & 605.0905, F.S.	if prior to registration.) to determine penalty hability)			
3729 Union Street		P.O. Bo 6.			
(Street Address of Principal Office)	,		iling Address)		-
Mineral Ridge, OH 4	4440	Mineral	Ridge, OH 44440		
				-	-
				202	
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable	le)		٠,
				AN	
Manage	Corporation Service Compa	ny		:::. 9	馬翁
Name:				PH	رن میرون
Office Address:	1201 Hays Street			三三·三三·三三·三三·三三·三三·三三·三三·三三·三三·三三·三三·三三·	C
	Tallahassee		32301	S	
	(City)	,	Florida(Zip code)	_	
Registered agent's accep	stance:				
Having been named as re	gistered agent and to accept serv				
designated in this applica	tion, I hereby accept the appoint	ment as registered agei	nt and agree to act in t	his capacity. I furth	ter agree
io comply with the provisi and accent the obligation	ions of all statutes relative to the s of my position as registered ago	proper ana complete p ont	erjormance of my auti	es, and I am familia	ir with
and accept the bonguitors	Corporation Service Compar	ıy			
	By: Clexus Webs	li Kjassistan i va presku	p-†		
	(Register	ed agent's signature)		_	

0 Farinisial index				and a discount of the second o
manage [up to six (6		names, title or capacity and	i addresses of the primary n	nembers/managers or persons authorized to
Title or Capacity:	-	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Ben Z.	Post	□Manager	Name: Martin Solomon
□Member	Address: 445	Dockside Dr Unit 704	□Member	Address: P.O. Box 523
■ Authorized	Naples, FL 3	4110	Authorized	Mineral Ridge, OH 44440
Person			Person	
□Other		Other	Other	. □Other
□Manager	Name: Amy B	ackburn	□Manager	Name:
□Member	Address: P.O.		□Member	Address:
■ Authorized	Mineral Ridge	ľ	□Authorized	
Person			Person	
□ Other		Other	Other	□Other
□Manager	Name:		□Manager	Name:
□Member	Address:		□Member	Address:
□Authorized	-	·	□Authorized	
Person			Person	
Other		Other	Other	Other
indexed individuals 9. Attached is a cert	may be added to ificate of existen e law of which i	the index when filing your ce, no more than 90 days of	Florida Department of State d. duly authenticated by the	ged for reporting purposes only. Non- Annual Report form. official having custody of records in the a translation of the certificate under oath
		cordance with section 605.02 rtment of State constitutes a		I am aware that any false information ded for in s.817.155, F.S.
		Jelly Just	re of an authorized person	
	Ben Z. F	•	ac or an authorized person	
			or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "P&S 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 NINTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P&S LENDING,
LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2010.

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

Authentication: 202449125

Date: 01-09-23

4883492 8300 SR# 20230067959