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S. ROBERTS

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COVER LETTER

TO:

Name of Limited Liability Company Doed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor Example and theek are submitted to register the above referenced foreign limited liability company to transact furn all correspondence concerning this matter to the following: Name of Person	Kikoff Lending, LLC T:	
Address Reno, NV 89504 City/State and Zip Code cc@kikoff.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Name of Person Name of Person Name of Person Name of Person Address Firm/Company PO Box 40070 Address City/State and Zip Code cc@kikoff.com at (1) Area Code Daytime Telephone Numb Name of Contact Person Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303		Name of Limited Liability Company
Name of Person Kikoff Lending, LLC Firm/Company PO Box 40070 Address Reno, NV 89504 City/State and Zip Code cc@kikoff.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Xinyi Chen Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Name of Person Address Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	osed "Application by Foreign Limited Liabi , and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," ove referenced foreign limited liability company to transact busin
Name of Person Kikoff Lending, LLC Firm/Company PO Box 40070 Address Reno, NV 89504 City/State and Zip Code ce@kikoff.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Xinyi Chen at (1) 3614040 Area Code Daytime Telephone Numb Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Resident Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	turn all correspondence concerning this mat	ter to the following:
Firm/Company PO Box 40070 Address Reno, NV 89504 City/State and Zip Code cc@kikoff.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Ninyi Chen Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 PO Box 40070 Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303	Xinyi Chen	
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E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Xinyi Chen		City/State and Zip Code
Exercise the second content of this matter, please call: Xinyi Chen		
Name of Contact Person Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Name of Contact Person Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		•
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	<u> </u>	415 3614040 at ()
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P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303	C	*
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		•
Tallahassee, FL 32303		
	Enclosed is a check for the following amour	
Please make check payable to: FLORIDA DEPARTMENT OF STATE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing I		

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

t name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Li	ability Company," "L.L.C.," or "L.D.	
Delaware		84-2953814		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numb	(FEI number, if applicable)	
	(Date lirst transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)		
200 South Virginia Str	rect	PO Box 40070		
reet Address of Principal Office)		6. (Mailing Address)		
STE 460			2023	
Reno, NV 89501		Reno, NV 89504	. >	
Name and street address Name:	S of Florida registered agent: (P.O. Box URS AGENTS, LLC	NOT acceptable)	e: 5'9	
Name:	URS AGENTS, LLC 3458 LAKESHORE DR.		59	
Name:	URS AGENTS, LLC 3458 LAKESHORE DR.		59	
Name: Office Address: legistered agent's acceptaving been named as resignated in this application comply with the provisi	URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE	30012, Florida (Zip code) rocess for the above stated limited registered agent and agree to act i	iability company at the pinthis capacity. I furthe	

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: Xinyi Chen	■Manager	Name:
□Member	Address: 200 South Virginia Street	□Member	Address: 200 South Virginia Street
■Authorized	STE 460	■ Authorized	STE 460
Person	Reno, NV 89501	Person	Reno. NV 89501
□Other	Other	□Other	Other
≣Manager	Name: Christophe Chong	□Manager	Name:
□Member	Address: 200 South Virginia Street	□Member	Address:
□Authorized	STE 460	□Authorized	
Person	Reno, NV 89501	Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□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. 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.

doc			
	Signature of an authorized person		
Xinyi Chen			
 .	Typed or acinted name at a image		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KIKOFF 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 FEBRUARY, A.D. 2023.

THE STATE OF THE S

Authentication: 202680224

Date: 02-09-23