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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: l.cronin@algent.com

Foreign Limited Liability Company
ALTERNATIVE LENDING GROUP LLC

Certificate of Status	0
Certified Copy	1
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**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. Alternative Lending Group 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. DELAWARE 3. 88-2484793
(Jurisdiction under the law of which foreign limited liability company is organized) (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. <u>5405 Cypress Center Drive</u> (Street Address of Principal Office)	6. <u>5405 Cypress Center Drive</u> (Mailing Address)
<u>Suite 150</u>	<u>Suite 150</u>
<u>Tampa, FL 33609</u>	<u>Tampa, FL 33609</u>

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

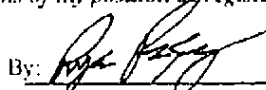
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By:  C T Corporation System
by Ryan P. McLaughlin, Assistant Secretary
(Registered agent's signature)

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TALLAHASSEE, FL

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jason Kopeak</u>	<input type="checkbox"/> Manager	Name: <u>Stephen R. Krallman</u>
<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>	<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>
Person	<u>Tampa, FL 33609</u>	Person	<u>Tampa, FL 33609</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Danya Sawyer</u>	 <input type="checkbox"/> Manager	 Name: <u>Mitchell E. Friesen</u>
<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>	<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>
Person	<u>Tampa, FL 33609</u>	Person	<u>Tampa, FL 33609</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Leslie Cronin</u>	 <input type="checkbox"/> Manager	 Name: <u>Ithamar Hernandez</u>
<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>	<input type="checkbox"/> Member	Address: <u>5405 Cypress Center Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 150</u>
Person	<u>Tampa, FL 33609</u>	Person	<u>Tampa, FL 33609</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Stephen R. Krallman

Stephen R. Krallman (Jul 13, 2023 17:05:23 ET)

Signature of an authorized person

Stephen R. Krallman

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTERNATIVE LENDING GROUP 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 ELEVENTH DAY OF JULY, A.D. 2023.

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



6787255 8300

SR# 20232968287

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203721725

Date: 07-11-23