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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/01/2024

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NAME: LOANDESK LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:	ABBIE/PAUL HODGE	

TO: Registration Section Division of Corporations

LoanDesk LLC

SUBJECT: _____

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person
LoanDesk LLC	
	Firm/Company
1160 Battery Street East	
	Address
San Francisco, CA 94111	
C	ity/State and Zip Code
compliance@loandeskmortgage.com	
E-mail address: (to be	e used for future annual report notification)
er information concerning this matter, please cal	415 917-1921
er information concerning this matter, please cal	11:
er information concerning this matter, please cal De Wilmore Name of Contact Person Mailing Address:	II: at () <u>917-1921</u> Area Code Daytime Telephone Number <u>Street Address:</u>
er information concerning this matter, please cal De Wilmore Name of Contact Person <u>Mailing Address:</u> Registration Section	ll: at () Area Code Daytime Telephone Number
er information concerning this matter, please cal De Wilmore Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	II: at (<u>415</u>) 917-1921 Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section
er information concerning this matter, please cal De Wilmore Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	II: at () Area CodeDaytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations
er information concerning this matter, please cal De Wilmore Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327	ll: at (<u>415</u>) 917-1921 at (<u>415</u>
The information concerning this matter, please cal De Wilmore Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Enclosed is a check for the following amount:	ll: at (<u>415</u>) 917-1921 at (<u>917-1921</u>) Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
er information concerning this matter, please cal De Wilmore Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP	ll: at (<u>415</u>) 917-1921 Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 LIABILI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	LoanDes	k Ll	LC
1.			

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

Delaware 2.		99-2717017 3.	
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	5(FEI number, if appli	cable)
not currently transacting			
···	(Date first transacted business in Florida, if prior) (See sections 605.0904 & 605.0905, F.S. to deter	to registration) nune penalty liability)	
1160 Battery Street East 5.		1160 Battery Street East	
5		6(Mailing Address)	
San Francisco, CA 9411	1	San Francisco, CA 94111)IVI 24
			VISION OF
7. Name and <u>street address</u>	of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	-1 PH 4:28
Name:	See Attached		28 08
Office Address:			
		, 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 agre 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)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Untheya De Wilmore	Manager	Name:
□Member	Address:	□Member	Address: 1160 Battery Street East
□Authorized	San Francisco, CA 94111	Authorized	San Francisco, CA 94111
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
2		·	
□Member	Address:	□Member	Address:
Authorized		Authorized	
Person	·	Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	·
Other	Other	□Other	

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 oat 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.

UD. Wil rer

Untheya De Wilmore

Typed or printed name of signee

Signature of an authorized person

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/30/2024

ENTITY NAME: LoanDesk LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

ren ____

Leticia Herrera, Assistant Secretary Paracorp Incorporated

The First State

Delaware

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOANDESK 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 NINETEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOANDESK LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2023.

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



Jeffrey W. Bulloch, Secretary of State

Authentication: 203296522

Date: 04-19-24

SR# 20241545540 You may verify this certificate online at corp.delaware.gov/authver.shtml

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