## **Secretary of State**

Application to Register a Foreign Limited **Liability Company (LLC)** 

LLC-5

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Processing Fee: \$0 - The processing fee is waived for submissions submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

For Office Use Only

-FILED-

B2997-2315

08/28/2024

File No.: 202463619778 Date Filed: 8/28/2024

remains due and is not subject to the processing fee waiver. For more information, go to ftb.ca.gov.				This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your	attached	Certificate of G	ood Standing	g.)				
S13 Lender Group, LLC								
1b. California Alternate Name, If Required (Only enter an	alternate	e name if the LL	C name in 1	a not available in	California.	)		
2 LLC History (Course that the formation date and installation or		awa aha ah Ca aisi		Chardina \				
LLC History (Ensure that the formation date and jurisdiction m     a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)     b.				<del></del>	in I.I.C in fe	rmad \	<b></b> .	
12 / 6 / 2023	b. Jurisdiction (State, foreign country or place where this LLC is formed.)  Delaware							
c. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct	t busine	ss in the stat	e. foreian	country or pla	ce enter	ed in Ite	m 2b.	
3. Business Addresses (Enter the complete business address			<u> </u>	<del>`</del> .				
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Cod		
14 Corporate Plaza, Suite 210		Newport Beach			CA	9266	0	
b. Street Address of Principal Office in California, if any - Do not enter a P.	O. Box	City (no abbreviations)			State	Zip Code		
14 Corporate Plaza, Suite 210		Newport Beach			CA	9266	0	
c. Mailing Address of Principal Executive Office, If different than Item 3a		City (no abbreviations)			State	Zip Cod	Se	
Service of Process (Must provide either Individual OR Corp     INDIVIDUAL – Complete Items 4a and 4b only. Must include age		arne and Califor	nia street ac	ldress.	<u> </u>	1		
a. California Agent's First Name (if agent is <b>not</b> a corporation)  Gary		Middle Name		Last Name Carmell			Suffix	
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	:	City (no abbrevi	ations)		State	Zip Code		
14 Corporate Plaza, Suite 210	Ì	Newport Beach CA		CA	9266			
CORPORATION - Complete Item 4c only. Only include the name	e of the re	egistered agent	Corporation.			•		
c. California Registered Corporate Agent's Name (if agent is a corporation)	– Do not	complete Item 4a	or 4b					

5. Read and Sign Below (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Mary	Eller Barlow
Signature	<del>-</del>

Mary Ellen Barlow

Type or Print Name

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "S13 LENDER 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S13 LENDER GROUP, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2023.

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

at corp delaware gov/auth

Authentication: 204268306

Date: 08-28-24