ID	Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

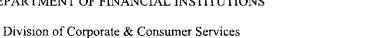
co the	rporat e follo	tion hereby a wing stateme	pplies for a Cont.	ertificate of Autho	ority to transact	t business in	the State of F	Rhode Island,	and for that purp	ose submits
1.	The	name of the o	corporation is	Solomon Fina	nce, Inc.					
2.	It is i	ncorporated i	under the laws	of Wisconsin	1					
3.	The	ne name, if different, which it elects to use in Rhode Island is:								
	(a)	"incorporate	d," or "limited	oration in its ju ," or an abbrevio for use in Rhode	ation thereof, th	ncorporation hen list the	does not co name of the c	ntain the wo corporation wi	rd "corporation," th the addition o	"company," f one of the
	(b)	If the corpor qualify and application:	ate name is n transact busi	ot available in R ness in Rhode i	hode Island, the Island as stated	en set forth l d in the "Fid	below the fictiti ctitious Busine	ious name un ess Name Sta	der which the co etement" to be fi	rporation will led with this
4.	The	date of its inc	orporation is	11/23/2007		and the	period of its d	luration is Pe	rpetual	
5. The address of its principal office in the state or country under the laws of which it is incorpora						orated is				
_	10	E Doty Stree	t, Suite 829, 1	Madison, WI 537	703					
6.	The a	address of its	proposed red	istered office in I	Rhode Island is	155 Sou	ıth Main Stree	ŧ	20	$\mathcal{J}_{\mathcal{L}}$
				<u></u>	(S	treet Address, <u>I</u>	not P.O. Box)			
	Pro	vidence	y/Town)	, R	(Zip Code)	and the	name of its pro	oposed registe	ered agent in 🏗	ode Island at
	464			li	, ,				√	The Marie
	mat	address is	Dusiness F1	lings Internation		me of Agent)	,,			de a comp
7.	The _l	purpose or pu	ırposes which	it proposes to pu			usiness in Rho	ode Island are	: 10: 5	
	Payd	ay loans								
8.		he names an		addresses of its o	lirectors (option	nal unless dir	ectors are req	uired under th	e laws of the sta	te or country
				<u>Name</u>				<u>Address</u>		
		Director Takehisa Naito 550 N Figueroa St #		a St #4077, Lo	os Angeles, C	alifornia 90012				
		irector						LED		
		Director			JUL 0 > 2018					
	וט	irector				- 10150				
	rm No.	. 150 . 12/05					Бу	21816	7.50	

Form No. 150 Revised: 12/05

	state or countr	y of which it is inc	orporated).					
		Δ	<u>lame</u>		<u>Address</u>			
President Vice President Treasurer		Takehisa Naito		550 N Figueroa St, #4077, Los Angeles, California 90012				
		Takehisa Naito		550 N Figueroa St, #4077, Los Angeles, California 90012				
		Takehisa Naito		550 N Figueroa St, #4077, Los Angeles, California 90012				
5	Secretary	Takehisa Naito		550 N Figueroa St, #4077,	, Los Angeles, California 90012			
	e aggregate nund series, if any, volumber of 2,000	within a class, is:	ich it has authority to <u>Class</u> Common	issue, itemized by classes, p	Par Value of shares, shares without par value, Par Value or Statement that Shares are without Par Value one cent (\$0.01) per share			
— — 10. (a		of the value of a	all property to be ov	wned by the corporation for	the following year, wherever located, is			
	\$ O An estimate, e located within	expressed as a p	ercentage, of the prone following year bea	pportion that the estimated vars to the value of all property	Rhode Island during the following year is alue of the property of the corporation to be of the corporation to be			
	An estimate (0,000	ount of business to ount of business to be	be transacted by the corporation	ultiply by 100 to obtain the percentage]. The poration during the following year is sometimed in the percentage of the			
(c	corporation at	or from places of by the corporation	business in this state	e during the following year be	mount of business to be transacted by the ears to the gross amount thereof which will vide (b) by (a) and multiply by 100 to obtain			
	nis application is which it is incorp		a certificate of Good S	Standing issued by the proper	r officer of the state or country under the laws			
13. Th th	is Application for an the 90 th day a	Certificate of Aut	hority shall be effecti s filing	ve upon filing unless a specif	fied date is provided which shall be no later			
Date:	June	>9 2 0/1	<u> </u>	examined this Application any accompanying attraction are true. Signature of Aut Takehis	ary, I declare and affirm that I have on for Certificate of Authority, including tachments, and that all statements and correct. Thorized Officer of the Corporation is Naito, President to Name of Authorized Officer			

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

SOLOMON FINANCE, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 23, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 23, 2010.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 79872-1EA42767



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

