

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

ORE TARY OF STATE

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	name	Able Lending, Inc. e of the corporation is					
2.	It is	It is incorporated under the laws of Delaware						
3.	The name, if different, which it elects to use in Rhode Island is:							
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "comp" incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one above corporate endings for use in Rhode Island:							
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:							
4.	The date of its incorporation is 9/22/2011 and the period of its duration is perpetual							
5.	The address of its principal office is 503 Colorado St Ste 500 Austin TX 78701							
6.								
(Street Address, not P.O. Box)								
Warwick RI 02888 and the name of its proposed registered agent in Rhode Isla (City/Town) (Zip Code)								
	that	addre	oss is Capitol Corporate Services, Ir	nc.				
(Name of Agent)								
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:								
	An	y lav	vful; Upon receiving any necessar	y licenses, making commercial loans.				
8.	(a) cour	The atry of	names and respective addresses of its directo which it is incorporated).	rs (optional unless directors are required under the laws of the state or				
			<u>Name</u>	<u>Address</u>				
	Dire	ctor	William J. Davis, Jr.	503 Colorado St Ste 500 Austin TX 78701				
	Dire	ctor	Evan J. Baehr	503 Colorado St Ste 500 Austin TX 78701				
	Dire	ctor	Mike Maples, Jr.	820 Ramona St Ste 200 Palo Alto CA 94301				
	Dire	ctor	Christopher M. Gottschalk	501 Folsom St Ste 400 San Francisco CA 941015				
12:31 pm								
Form No. 150 Revised: 06/11 FILED								
	AUG 0 4 2015							
By 254091 KM								
	By a Join 1							

	(b) The names state or country o			pal officers (mandatory if di	rectors are not required under the laws of the			
	<u>Name</u>			<u>Address</u>				
	President	William J. Davis, Jr.		503 Colorado S	503 Colorado St Ste 500 Austin TX 78701			
	Vice President							
	Treasurer							
	Secretary	Evan J. B	aehr	503 Colorado St Ste 500 Austin TX 78701				
9.	The aggregate nu and series, if any,				s, par value of shares, shares without par value, Par Value or Statement that			
	Number of S		<u>Class</u>	<u>Series</u>	Shares are without Par Value			
	52,000,000	<u> </u>	Common	Common	\$0.001			
	4,536,244/4,399,	999/7,400,000	<u>Preferred</u>	Seed/A/B	\$0.001			
11.	following year, wherever located. (b) \$\frac{0}{\text{lsland during the following year.}}} = An estimate of the value of the corporation's property to be located within Rhod Island during the following year. (c) \$\frac{0}{}\% = An estimate, expressed as a percentage, of the proportion that the estimated value of the property the corporation be owned during the following year, wherever located. \(\frac{d}{d} \(d\text{.							
12.	This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.							
13.	3. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no l							
	than the 90th day							
Dat	_{e:} July 31, 2	015		Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, Including any accompanying attachments, and that all statements contained herein are true and correct. Signature of Authorized Officer of the Corporation William J. Davis, Jr. Type or Print Name of Authorized Officer				

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ABLE LENDING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY,

A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2553869

DATE: 07-14-15

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

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

