State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CREDRATIONS STA

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in to purpose submits the following statement:	oreign limited liability company h the State of Rhode Island, and t	ereby for that	
1. The name of the limited liability company is:			
KikOff Lending, LLC		•	
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No 🔀			
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
None			
2. The LLC is organized under the laws of: Delaware			
3. The date of its organization is: 11/21/2019			
And the period of its duration is: CHECK ONE BOX ONLY			
X Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name URS Agents, LLC			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard Suite 200			
City/Town	State	Zip Code	
Warwick	RHODE ISLAND	02888	
The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Originate consumer loans.			
Ongrible consumer wans.			
Check the box to indicate an attachment			
Check the box to indicate an attachment			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 2 2020 11:59

FILED

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: 75 Broadway STE 226, San Francisco, CA 94111			
8. The mailing address for the limited liability company is:			
75 Broadway STE 226, San Francisco, CA 9			
9. Management of the Limited Liability Cor	mpany:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
X By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
	·		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY			
□ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC		Date	
KikOff Lending, LLC		01/03/2020	
Signature of Authorized Person		•	
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "KIKOFF LENDING, 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-FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIKOFF LENDING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

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

Authentication: 202224961

Date: 01-21-20

7712065 8300 SR# 20200420857

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