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State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, 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 of the corporation is:

HighTechLending Inc

2. It is incorporated under the laws of: California

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", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the 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: 06/06/2006

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution.

5. The address of its principal office is:

2030 Main Street, Suite 500, Irvine, CA 92614

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Paracorp Incorporated

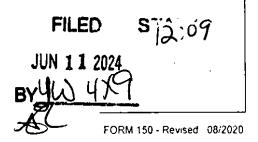
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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7. The purpose or purpo	ses which it pr	oposes to pursue ir	h the transaction	n of business in Rhode Island are:	
Mortgage Lending					
8. (a) The names and re state or country of which			s (optional, unle	ss directors are required under the laws of the	
NAME		ADDRESS			
David Peskin		2030 Main Street, Suite 500, Irvine, CA 92614			
Erika Macias		2030 Main Street, Suite 500, Irvine, CA 92614			
	<u> </u>				
	. <u>.</u> .				
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country of			l officers (manda	atory if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	David Peskin		2030 Main	2030 Main Street, Suite 500, Irvine, CA 92614	
VICE PRESIDENT	Erika Macias		2030 Main	2030 Main Street, Suite 500, Irvine, CA 92614	
TREASURER					
SECRETARY		· · · <u></u> · ·			
			, I	Check the box to indicate an attachment	
9. The aggregate number par value, and series, if			to issue; itemize	ed by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
20,000	Common	N/A		No Par Value	
				alue of the property of the corporation to be property of the corporation to be owned during	
the following year, when					
1%					
at or from places of bus transacted by the corpo	iness in Rhode tration during t	e Island during the f	following year co	of business to be transacted by the corporation ompared to the gross amount thereof which will be obtained from worksheet.)	
<u></u> %					

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12. This application must be accompanied by a <u>Certificate c</u> formation dated within 60 days of the date of this filing.	of Good Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: C				
☑ 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 exa accompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, including any ed herein are true and correct.			
Type or Print Name of Authorized Officer	Date			
Erika Macias	6/5/2024			
Signature of Authorized Officer of the Corporation				
- DocuSigned by				
Erika Macias	·			

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	HIGHTECHLENDING INC
Entity No.:	2836611
Registration Date:	06/06/2006
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 07, 2024.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 217970431

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

June 11, 2024 12:09 PM

Treng M. Course

Gregg M. Amore Secretary of State

