

State of Rhode Island  
Department of State - Business Services Division**Certificate of Correction**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:  001773642	2. The name of the corporation is:  Flexible Finance Brokering, Inc.
3. The document to be corrected is:  CERTIFICATE OF AUTHORITY	4. The date the document being corrected was originally filed:  05-10-2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  The location of its principal office is inaccurate, due to typographical error.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows:  The location of its principal office is to be changed to: 88 University Pl., 11th Floor, new York, NY 10003  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document <b>MUST</b> be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

**MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED**

OCT 10 2024

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FORM 113 - Revised 12/2023

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

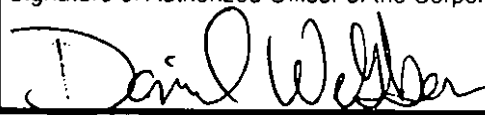
Type or Print Name of Authorized Officer of the Corporation

Daniel Webber

Date

09/19/2024

Signature of Authorized Officer of the Corporation





State of Rhode Island  
Department of State - Business Services Division

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2024 OCT 10 A 10:37

1. The name of the corporation is:  Flexible Finance Brokering, Inc.		
2. 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", "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: 03/27/2024  And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:  88 University Pl., 11th Floor, New York, NY 10003		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Filejet Inc.		
Street Address (NOT a P.O. Box) 1 Turks head Pl., Fl. 11		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

### MAIL TO:

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

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Lending

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Daniel Gordon	228 Park Ave S., #75995, New York, NY 10003 US

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Daniel Webber	228 Park Ave S., #75995, New York, NY 10003 US
VICE PRESIDENT		
TREASURER		
SECRETARY	Tom Holman	228 Park Ave S., #75995, New York, NY 10003 US

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

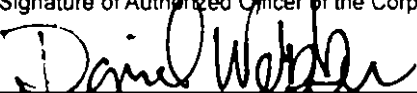
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		0.01

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.05 %

12. 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 this filing.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>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.</i>	
Type or Print Name of Authorized Officer	Date
Daniel Webber	10/08/2024
Signature of Authorized Officer of the Corporation	
	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.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:

October 10, 2024 10:36 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

