## MI 500000 7017

| (Requestor's Name)                      |                |             |  |
|---|----------------|-------------|--|
| (Address)                               |                |             |  |
| (Ac                                     | ldress)        |             |  |
| (City/State/Zip/Phone #)                |                |             |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |
| (Business Entity Name)                  |                |             |  |
| (Document Number)                       |                |             |  |
| Certified Copies                        | _ Certificates | s of Status |  |
| Special Instructions to Filing Officer: |                |             |  |
|   |                |             |  |
|   |                |             |  |
|   |                |             |  |
|   |                |             |  |

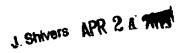
Office Use Only



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### **Pharus Funding LLC**

### 10751 N Frank Lloyd Wright Blvd, Ste 201 Scottsdale, AZ 85259

State of Florida FL Reg Section Division of Corporations 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

RE: Pharus Funding LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Michael Druckman Pharus Funding LLC 10751 N Frank Lloyd Wright Blvd, Ste 201 Scottsdale, AZ 85259

If you have any questions regarding this application, please contact:

Michael Druckman Pharus Funding LLC Phone: (480) 219-6240 Fax: (480) 219-6238

Email: mike@valueadvisor.com

**Enclosures** 

### **COVER LETTER**

| CHID IECT.               | Pharus Funding LLC  |   |  |
|--------------------------|---|---|--|
| SUBJECT:                 |   | Name of Limited Liability Company   |  |
| Existence, and           | d check are submitted to  | gn Limited Liability Company for Authorization to Transact Business in Flor<br>to register the above referenced foreign limited liability company to transact l | ida," Certificate o<br>ousiness in Florida |
| Please return            | all correspondence cond   | ocerning this matter to the following:  |  |
|                          | Michael Druckman  | 1   |  |
|                          |   | Name of Person  |  |
|                          | Pharus Funding LL   | .c  |  |
|                          |   | Firm/Company  |  |
|                          | 10751 N Frank Lloy  | oyd Wright Blvd, Ste 201  |  |
|                          |   | Address   | -  |
|                          | Scottsdale, AZ 852;   | 259   |  |
|                          |   | City/State and Zip Code   | <del></del>                                |
|                          | mike@valueadvisor.  | .com  |  |
|                          |   | E-mail address: (to be used for future annual report notification)  | <del></del>                                |
| For further inf          | ormation concerning th  | his matter, please call:  |  |
| Mich                     | ael Druckman  | at ( 480 ) 219-6240   |  |
|                          | Name of Co  | ontact Person Area Code Daytime Telephone Number  | <del></del>                                |
| Divis<br>Regis<br>P.O. 1 | LING ADDRESS:<br>ion of Corporations<br>tration Section<br>Box 6327<br>hassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                               |  |
|                          | a check for the follo<br>25.00 Filing Fee □   | owing amount: 1\$130.00 Filing Fee & 図\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status Certified Copy of Status & Certified Copy                |  |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

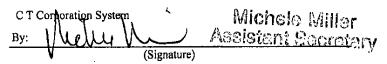
| (Name of Foreign Limited Liability Company; must include "Limited Liabi  | nty Company, "L.L.C.," or "LDC."  |
|--|---|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business Liability Company," "L.L.C," or "LLC,")   | s in Florida. The alternate name must include "Limited  |
| 2. Arizona 3. 47-3397772   |   |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)   |
| 4. Upon Qualification  |   |
| (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine   |   |
| 5. 10751 N Frank Lloyd Wright Blvd, Ste 201, Scottsdale, AZ 85259  |   |
| (Street Address of Principal Offic   | e)  |
| 6 Sama   |   |
| 6. Same  |   |
|  |   |
| (Mailing Address)  | <u>≯</u> 0;   |
| 7. The name, title or capacity and address of the person(s) who has  | s/have authority to manage is/aret  |
| Michael Druckman, Managing-Manager, 10751 N Frank Lloyd Wright Blvd, Ste   |   |
|  |   |
|  |   |
|  |   |
|  | <u> </u>  |
| 8. Attached is an original certificate of existence, no more than 90 d   |   |
| having custody of records in the jurisdiction under the law of which   |   |
| acceptable. If the certificate is in a foreign language, a translation of  | f the certificate under oath of the translator  |
| must be submitted)   |   |
| analabuser   |   |
| Signature of an authorized p   | erson   |
| In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation am aware that any false information submitted in a document to the Department of State constitutes and according to the Department of State constitutes are supported by the Constitutes of the Department of State constitutes are supported by the Depa | n under the penalties of perjury that the facts stated herein are true. a third degree felony as provided for in s.817.155, F.S.) |
| Angela Butera  |   |
| Typed or printed name of sign  | ee  |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| Pharus Funding LLC  If unavailable, the alternate to be used in the state of Florida is: |  |              |  |
|--|--|--------------|--|
|  |  |              |  |
|  | C T Corporation System (Name)                    | 15 /<br>FALL |  |
|  | 1200 South Pine Island Road                      | APR I        |  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE) | SET OF AN IN |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)





# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

#### \*\*\*PHARUS FUNDING LLC\*\*\*

a domestic limited liability company organized under the laws of the State of Arizona, organize on the 24th day of February 2015.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 8th Day of April, 2015, A. D.



John A. Jerich, Executive Director

y: 1213764

### Collectors Insurance Agency, Inc. Power of Attorney

| NOTICE IS HEREBY GIVEN THAT Pharus Funding LLC the laws of Arizona, does hereby appoint, Angela Butera, L employed by Collectors Insurance Agency, Inc. as attorney-in-fact for of the entity attached hereto as Exhibit A, specifically organized he Subsidiaries' names for the limited purposes authorized herein. | the entity to act for the entity and affiliates and subsidiaries |
|---|--|
| The Entity and Subsidiaries, having taken all necessary stefact the power to execute the documents necessary to file qual registrations, licenses, permits and forms of similar import on behalf District of Columbia and Puerto Rico.  |  |
| This Power of Attorney expires when revoked by the Entity   | or Affiliates or Subsidiaries.                                   |
| IN WITNESS WHEREOF, the undersigned have executed this Power  | of Attorney on the 15T day of April, 20 15.                      |
|   | 4  |
|   | Signature of Authorized Entity Representative                    |
|   | Michael Druckman, Managing-Manager  Print Name and Title         |
|   |  |
| Sworn to and subscribed before me   |  |

Notary Public, State of Commission Expires:

Terrence L. Gedeire IOTARY PUBLIC - ARIZONA IMARICOPA COUNTY My Commission Expires September 01, 2015