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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

Foreign Limited Liability Company **CHARITY FINANCIAL LLC**

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FEB 2 2 2017

S. YOUNG

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Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

	1.116			
L. CHARITY FINANCIA	ign Limited Liability Company: must	include "Limited Li	ability Company." "L.L.C.," or "LLC	.")
traine of For	igh children having company, mass			
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpose "or "LLC.")	of transacting busine	ess in Florida. The alternate name mu	st include "Limited
2. DELAWARE		3. <u>N/A</u>		
(Jurisdiction under the law company is organized)	of which foreign limited liability	***************************************	(FEI number, if applicable)	
4. N/A				
	(Date first transacted busines (See sections 605.0904 & 605.0	9905, F.S. to determi	ne penalty liability)	
5. 1205 W. 8TH AVENU	JE, TAMPA, FL 33605			
	(Street Address of P	rincipal Office)		درون المسلم درون المسلم
6 1205 W. 8TH AVENU	E, TAMPA, FL 33605			7
V				FEB .
	(Mailing A	(ddress)		2
7. Name and street addre	ss of Florida registered agent: (P.)	O. Box NOT acce	ptable)	
Name:	REGISTERED AGENTS INC			
	3030 N. ROCKY POINT DRIV	E. SUITE 150A	·······	Q.
Office Address:			22607	
	TAMPA		, Florida 33607 (Zip code)	
Registered agent's accep	(City)		(Zip code)	
designated in this applicate complywith the provise	egistered agent and to accept servation, I hereby accept the appoint ions of all statutes relative to the pay position as registered agent.	ment as registered	agent and agree to act in this ca	pacity. I further agree
	(Registe	ered agent's signatur	e)	
8. The name, title or cap	acity and address of the person(s)	who has/have auth	ority to manage is/are:	
GOODFIELD INC., ME	MBER, 1205 W. 8TH AVENUE,	TAMPA, FL 336	045	
				
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 da of which it is organized. (If the coubmitted)	ertificate is in a for	ticated by the official having cust eign language, a translation of the	ody of records in the certificate under oath
		of an authorized per	son	
This document is execute submitted in a document	d in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florid ites a third degree f	a Statutes. I am aware that any fal elony as provided for in s.817.155	se information 5, F.S.
	RILEY PARK			

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CHARITY FINANCIAL 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 FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHARITY FINANCIAL LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 202070439

Date: 02-21-17

5903843 8300 SR# 20171074982

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