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EXAMINER

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COVER LETTER

SUBJECT: Cavalry SPV II, LLC	Name of Limited Liability Company	
	Liability Company for Authorization to Transact Business in Florida, ne above referenced foreign limited liability company to transact busi	
Please return all correspondence concerning this	s matter to the following:	
Christian Parker		
	Name of Person	
Cavairy Portfolio Service	ces, LLC	
	Firm/Company	
500 Summit Lake Dri	ve, Suite 400	
	Address	
Valhalla, NY 10595		
	City/State and Zip Code	
cparker@cavps.cor	n	
E-mail addres	s: (to be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Christian Parker	at (914) 347-3440 ext. 13498	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	迎
Enclosed is a check for the following am \$\sum{125.00 Filing Fee}\$ Certificate of	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certifica	ate 🚰

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	HE STATE OF FLORIDA:
1. Cavalry SPV II, LLC	
(Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")
	rpose of transacting business in Florida and attach a copy of the writt alternate name. The alternate name must include "Limited Liability
2. Delaware	3. 48-1285687
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)
4. 11/18/2002	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) S.S. to determine penalty liability)
7. 500 Summit Lake Drive, Suite 400	
Valhaila, NY 10595	
(Street Addres	ess of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	anaging members or managers are as follows:
Cavalry Investments, LLC	anaging members or managers are as follows:
500 Summit Lake Drive, Suite 400	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	T) and a
Valhalia, NY 10595	20 Control of the Con
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photocotranslation of the certificate under oath of the translator must be sufficient.)	00 days old, duly authenticated by the official having custody offrecords copy is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted	or promoted in Florida:
Purchase of performing and non-perform	ming receivables
Signature of a member or an a	authorized representative of a member.
· · · · · · · · · · · · · · · · · · ·	xecution of this document constitutes an affirmation under the
	etrue. I am aware that any false information submitted in a attention attention at the true at the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true. I am aware that any false information submitted in a state of the true.
Stephen Anderson	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the Limited Liability Company is:		
Cavalry SPV II, LLC		
f unavailable, the alternate to be used in the state of Florida is:		
. The name and the Florida street address of the registered agent and office are:		
C T Corporation System		
(Name)		
1200 South Pine Island Road		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation FL 33324		
City/State/Zip		

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 608, Florida Statutes.

Juan Grajeda

Assistant Secretary

(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "CAVALRY SPV II, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR
REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY
AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2002, AT 12 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2004, AT 6:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "CAVALRY SPV II, LLC".

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

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AUTHENTY CATION: 9386503

DATE: 02-23-12

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