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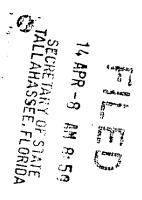
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(Do	ocument Number)	
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J. Stevers APR 0.9 2014

#### **COVER LETTER**

SUBJECT: 5 Arch Income Fu	ne of Limited Liability Company
	polity Company for Authorization to Transact Business in Florida," Certificate company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Gene Clark	
	Name of Person
5 Arch Income	Fund 1, LLC
	Firm/Company
1920 Main Stre	et, Suite 210
	Address
Irvine, CA 9261	4
	City/State and Zip Code
gclark@5archgi	roup.com
	: (to be used for future annual report notification)
r:-mail address	
For further information concerning this matter, plea	ise call:
	se call: 21 (949 \ 387-8092
For further information concerning this matter, plea	

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TI	HE STATE OF FLORIDA:		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ty Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business i Liability Company," "L.L.C," or "LLC.")	n Florida. The alternate name must include "Limited		
<sub>2.</sub> Delaware <sub>3.</sub> 46-2926	5588		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4. 1/24/14			
(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	egistration.) enalty liability) + dme		
<sub>5.</sub> 1920 Main Street, Suite 210	TAL SE		
Irvine, CA 92614	AND		
6. Street Address of Principal Office, 1920 Main Street, Suite 210	Y SEE 0 ≥ Y		
Irvine, CA 92614  (Mailing Address)	FLORA UN		
,			
7. The name, title or capacity and address of the person(s) who has/			
Shawn Miller (President/CEO), Steven Davis	(CIO),		
Gene Clark (CLO/EVP) and Timothy Ganna	way (CAO/EVP)		
Address for All: 1920 Main Street, Suite 210,	Irvine CA 92614		
8. Attached is an original certificate of existence, no more than 90 da having custody of records in the jurisdiction under the law of which acceptable. If the certificate is in a foreign language, a translation of must be submitted)	it is organized. (A photocopy is not		
Signature of an authorized per (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 a	under the penalties of perjury that the facts stated herein are true.		
Gene Clark			
Typed or printed name of signs			

## 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.

1. The name of	the Limited Liability Compa	iny is:		
5 Arch In	icome Fund 1, LL	.C		
If unavailable, t	he alternate to be used in the	state of Florida is:		
2. The name an		f the registered agent and office are:	14 TAL	
Corporation Service Company			APR CRE LAH	07-94m2
		(Name)		C : Machine
1201 Hays Street		8 RR 8 RY OF 8 RY OF		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Talahassee	<sub>FL</sub> 32301	8: 5@ STATE LORIDA	- HC 4-
		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 605, Florida Statutes.

NI E. Cilmi , AVP

\$ 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 "5 ARCH INCOME FUND 1, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2014.

14 APR -8 MM R: 50
SECKE JAKY OF STATE
TALLAHASSEE, FLORIDA

5336912 8300

140180979

AUTHENTY CATION: 1147370

DATE: 02-20-14

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