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SECRETARY OF STATE
AND AHASSEE, FLORID

K. SALY
JUL 1 1 2017

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 711485 7943867

AUTHORIZATION

COST LIMIT : (\$\frac{1}{2}5.00

ORDER DATE: July 5, 2017

ORDER TIME : 12:10 PM

ORDER NO. : 711485-020

CUSTOMER NO: 7943867

FOREIGN FILINGS

NAME: RESURGENT FUNDING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

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

	Limited Liability Company; must include "Limite unne adopted for the purpose of transacting business in Flo			- -)
•	name another for the purpose of transacting mismess in rio	•	Elimed Claumy Company, Elic, or Lice.	,
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		3. 01-1045010	61-1845016 (FEI number, if applicable)	
	more recording and the second		(
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ne penalty liability)		
628 Pilot Road, Sute 23		6. 55 Battie Place	e, Suite 110 🛁 🚊	
(Street Address of Principal Office)			(Mailing Address)	
Las Vegas, NV 890	09	Greenville, SC	29601	F
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ay of st	δ¥ 2:
Name:	Corporation Service Company		吳马	g,
Office Address:	1201 Hays Street		200	
	Tallahassee	, Florida <u>'</u>	32301	
	ions of all statutes relative to the proper		,,,	
and accept the obligation	s of my position as registered agent. Corporation Service Company By:	Failer	Melissa Zender	
and accept the obligation	s of my position as registered agent. Corporation Service Company	Fach	Melissa Zender Asst. Vice President	
	s of my position as registered agent. Corporation Service Company By:	Failer (mature)	Asst. Vice President	
8. The name, title or cap <u>Title or Capacity:</u>	By: (Registered agent) (Registered agent) (Registered agent) (Registered agent)	as/have authority to mana	Asst. Vice President ge is/are: Name and Address:	
8. The name, title or cap	s of my position as registered agent. Corporation Service Company By: (Registered agent) acity and address of the person(s) who he Name and Address: Bryan Faliero	Teachers and the second state of the second	Asst. Vice President	r with
8. The name, title or cap <u>Title or Capacity:</u>	By: (Registered agent) (Registered agent) (Registered agent) (Registered agent)	as/have authority to mana	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian	r with
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address: Bryan Faliero 65 Beettle Place, Subs 110	as/have authority to mana	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian 55 Battle Place, Sixthe 110	r with
8. The name, title or cap <u>Title or Capacity:</u> President/CEO	acity and address of the person(s) who have and Address: Bryan Faliero 65 Beattle Place, Suite 110 Greenville, SC 20601	Is/have authority to mana Title or Capacity: Vice President	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian 55 Bettle Place, Suite 110 Greenville, SC 29801 Tom Thurmond 55 Beattle Place, Suite 110	r with
8. The name, title or cap <u>Title or Capacity:</u> President/CEO	acity and address of the person(s) who have and Address: Bryan Faliero 66 Beetle Place, Suite 110 Greenville, SC 20601 Jackson Walker	Is/have authority to mana Title or Capacity: Vice President	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian 55 Battle Place, Butte 110 Greenville, SC 29001 Tom Thurmond	r with
8. The name, title or cap <u>Title or Capacity:</u> President/CEO	acity and address of the person(s) who have and Address: Bryan Faliero 65 Beattle Place, Suite 110 Greenville, SC 20601 Greenville, SC 20601	Is/have authority to mana Title or Capacity: Vice President	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian 55 Bettle Place, Suite 110 Greenville, SC 29801 Tom Thurmond 55 Beattle Place, Suite 110	r with
8. The name, title or cap Title or Capacity: President/CEO Manager (Use attachments if necess 9. Attached is a certificate	Sof my position as registered agent. Corporation Service Company By: (Registered agent) acity and address of the person(s) who he Name and Address: Bryan Faliero 55 Beattle Place, Suite 110 Greenwille, SC 20601 Jackson Walker 55 Beattle Place, Suite 110 Greenwille, SC 20601 SSARY) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	Is/have authority to mana Title or Capacity: Vice President Manager duly authenticated by the	Asst. Vice President ge is/are: Name and Address: Daniel J. Piccian 55 Battle Place, Sulte 110 Greenville, SC 29601 Tom Thurmond 55 Battle Place, Sulte 110 Greenville, SC 29601 official having custody of records	no III

Typed or printed name of signee

Daniel J. Picciano III

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "RESURGENT FUNDING 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESURGENT FUNDING LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

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

TILLED
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 202830386

Date: 07-05-17

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