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(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

TO:	O: Registration Section Division of Corporations Empower Finance, Inc.					
SUBJ	ECT:					
		Name of o	corporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existenc		Good Stand	ng" and check are sub	ct Business in Florida," omitted to register the	
Please Warrei	return all corresp n Hogarth	ondence concerning	this matter t	o the following:		
Empor	wer Finance Inc.		Name of Po	rson	 	
25 Tay	for St. Suite 301		Firm/Compa	any		
San Fr	ancisco, CA, 9410	2	Addres	3	·	
Warren	n@empower.me	(City/State and	Zip code		
		E-mail address: (1	o be used for	future annual report i	notification)	
For fu	rther information	concerning this matt	er, please ca	l:		
Warren Hogarth		+1	415-935-4452			
		at	()		
	Name of Perso	n	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for	the following amoun	t:			
□ \$70	0.00 Filing Fee	S78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Empower Finance, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) 2. Perpetual (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 25 Taylor St. Suite 301, San Francisco, CA, 94102 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent, LLC. Name: 3030 N. Rocky Point Dr. STE 150A Office Address: Tampa (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Warren Hogarth Chairman: 25 Taylor St. Suite 301, San Francisco, CA, 94102 Address: ______ Vice Chairman: Address: ____ Director: _____ **B. OFFICERS** Warren Hogarth President: 25 Taylor St. Suite 301, San Francisco, CA, 94102 Address: _____ Vice President: ________ Address: Secretary: Address: ______ Treasurer: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director/signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Warren Hogarth 13. ___

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY THAT "EMPOWER FINANCE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTEENTH DAY OF MARCH, A.D. 2016, AT 1:56 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF SEPTEMBER,
A.D. 2017, AT 8:42 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "EMPOWER FINANCE, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202324301

Date: 03-15-18

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