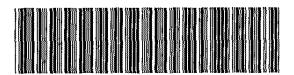
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Capitol Services, Inc. SO NE TO PARTY 1045 Merritt Drive Tallahassee, FL 32301 (850) 878-4734 Kathi or Brent Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): RI-State Western Financia / Services LLC.
(Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time ___ ■ Walk in ☐ Certified Copy Certificate of Status □ Mail Out □ Will wait **NEW FILINGS AMENDMENTS** □ Profit □ Amendment □ Not for Profit ☐ Resignation of R.A., Officer/Director □ Limited Liability ☐ Change of Registered Agent □ Domestication ☐ Dissolution/Withdrawal □ Other □ Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Annual Report 🖒 Foreign Limited Partnership ☐ Fictitious Name ☐ Reinstatement □ Trademark □ Other

- CR2E031(7/97)

Examiner's Initials

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

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLOKIDA:				
l. Tri-State Western Financial Services, L L C (Name of foreign limite li. bi .y company)				
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 16-1662839 (FEI number, if applicable)				
4. April 23, 2003 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")				
6. August 15, 2003 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)				
7. c/o Norton, Hammersley, Lopez & Skokos, P.A.				
1819 Main Street, Suite 610, Sarasota, FL 34236 (Street address of principal office)				
8. If limited liability company is a manager-managed company, check here x				
9. The name and usual business addresses of the managing members or managers are as follows:				
Tri-State Funding, a statutory trust				
1912 Capital Avenue, Suite 406				
Cheyenne, WY 82003				
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)				
11. Nature of business or purposes to be conducted or promoted in Florida: Financial services				
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
Sam D. Norton 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.

1.	1. The name of the Limited Liability Company is:			
, , - -	Tri-State	Western Financial Services, L.L.C.		
2.	The name an	d the Florida street address of the registered agent and office are:		
		Sam D. Norton		
	,	(Name)		
	; "; ";	1819 Main Street, Suite 610 Florida street address (P.O. Box NOT ACCEPTABLE)	14	
	:	Sarasota FL 34236 (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, F.S.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TRI-STATE WESTERN FINANCIAL SERVICES**, **LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 23, 2003, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 7, 2003.

DEAN HELLER Secretary of State

Certification Clerk