PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 FEB 16 PM 01:41

SEC

500309357335

DOCUMENT # M11000002691

1. Limited Liability Company's Name
PF Servicing, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1600 Seaport Blvd		1600 Seaport Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 250		Suite 250	
City & State		City & State	
Redwood City, CA		Redwood City, CA	
Zip	Country	Zip	Country
94063	USA	94063	USA

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 05/25/20111

6. FEI Number
27-0153834
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

D DUNLAP

FEB 16 2018

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,

Apt. #, Etc
1201 Hays Street

City: Tallahassee | State: FL | Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Roxanne Turner
Asst. Vice President
REGISTERED AGENT MUST SIGN

Date: 2/14/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manage	Jonathan Coblentz	1600 Seaport Blvd Suite 250	Redwood City, CA 94063
Manage	Raul Vazquez	1600 Seaport Blvd Suite 250	Redwood City, CA 94063
Manage	Scott Harvey	1600 Seaport Blvd Suite 250	Redwood City, CA 94063
Manage	Michelle Dreyer	2711 Centerville Road Suite 400	Wilmington, DE 19808
Manage	Brian Harrison	103 Foulk Road Suite 200	Wilmington, DE 19808

11. E-mail Address: scott.harvey@oportun.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member: Scott Harvey Date: 02/14/2018 Daytime Phone #: 6507760191

Typed or printed name of signing authorized representative/member: Scott Harvey

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 072676 7791658

AUTHORIZATION :

COST LIMIT : $ 798.75

ORDER DATE : February 15, 2018

ORDER TIME : 12:16 PM

ORDER NO. : 072676-005

CUSTOMER NO: 7791658

REINSTATEMENT

NAME: PF SERVICING, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____