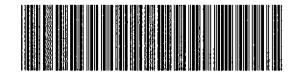
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| (Re | questor's Name) | | | |
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| PICK-UP | TIAW | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

C. LEWIS

Aug 8 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2011

CHRISTIAN PARKER CAVALRY SPV I, LLC 500 SUMMIT LAKE DRIVE, SUITE 400 VALHALLA, NY 10595-1340

SUBJECT: CAVALRY SPV I, LLC Ref. Number: W11000006109

We have received your document for CAVALRY SPV I, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00002675

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Cavalry SPV I, LLC | | | | |
| Name of Limited Liability Company | | | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Christian Parker | | | | |
| Name of Person | | | | |
| Cavalry SPV I, LLC | | | | |
| Firm/Company | | | | |
| 500 Summit Lake Drive, Suite 400 | | | | |
| Address | | | | |
| Valhalla, New York 10595-1340 | | | | |
| City/State and Zip Code | | | | |
| cparker@cavps.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Christian Parker at (914) 347-3440, ext. 13498 | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: \$\sumsymbol{Y}\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\sumsymbol{S}\$155.00 \text{ Filing Fee & Gertificate of Status}\$ Certified Copy \$\sumsymbol{S}\$155.00 \text{ Filing Fee & Gertified Copy}\$ \$\sumsymbol{S}\$160.00 \text{ Filing Fee, Certificate of Status}\$ Certified Copy | | | | |

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

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

| | Cavalry SPV I, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
|-----|---|-------|
| cor | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wrisent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.") | |
| | Delaware Jurisdiction under the law of which foreign limited liability company is organized) 3. 01-0711035 (FEI number, if applicable) | |
| 4. | 6/5/02 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. | 500 Summit Lake Drive, Suite 400 Valhala NY 10595 | ر ا |
| | (Street Address of Principal Office) Street Address of Principal Office) Street Address of Principal Office) RECORDS RECORDS | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: Cavairy Investments, LLC | |
| | 500 Summit Lake Drive, Suite 400, Valhalla, New York 10595-1340 | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under eath of the translator must be submitted.) | ls ir |
| 11. | . Nature of business or purposes to be conducted or promoted in Florida: | |
| | Purchase and collection of performing and non-performing receivables | |
| | | |
| | 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 I am aware that any 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.) | |

Typed or printed name of signee

Michael S. Godner

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. The name of the Limited Liability Company is: | |
|---|--------------------|
| Cavalry SPV I, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office a | 2011 AUG SECRET |
| (Name) | TAR ASS |
| | SEE SEE |
| 1200 South Pine Island Road | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | STATE FLORID |
| | IDA N |
| Plantation FL 33324 | |
| 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, Florida Statutes.

Debision Diaz (Signiture)

Debision Diaz (Signiture)

Assistant Secretary

\$ 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 "CAVALRY SPV I, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2011.

3533176 8300

110721718

AUTHENTY CATION: 8859172

DATE: 06-23-11

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