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#### **COVER LETTER**

TO:

	gistration Section vision of Corporation	ns			
SUBJECT:	Sphere Fu				
		Name	of Limited Liability Comp	pany	
				tion to Transact Business in Florid ed liability company to transact bu	
Please retur	n all correspondence	concerning this matte	er to the following:	·	
	Rebecca D	DeMara			
			Name of Person		_
	D & E Lice	nsing, Inc.			ers-
			Firm/Company		
	000 144	Ctook Dood 44	20		
	868 VVest	Street Road #1			_
			Address		
	Warminste	r , PA 18974			_
		-	City/State and Zip Code		
	rdemara@	@dandelicensi	na com	·	
	Taomarag	E-mail address: (to I	be used for future annual r	eport notification)	
For further i	information concern	ing this matter, please	anii.	in the state of th	<u> </u>
ror luruici i	mornation concern	ing this matter, piease	caii.		75
Re	ebecca DeMa	ıra	at ( 267	994-7150	14 G 7
		e of Person	Area Code & Daytime	/	がして
				ri e	F = 17
	AILING ADDRESS vision of Corporation		STREET ADDRESS: Division of Corporations	·	
	gistration Section		Registration Section	10 Mg	
P.O. Box 6327			Clifton Building	المناه ال	" <del>`</del>
Tal	llahassee, FL 32314		2661 Executive Center Circ Fallahassee, FL 32301	cle	
Enclosed	is a check for the	following amount	:		
<b>√\$1</b> 2	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	& <b>☐\$155.00</b> Filing Fee	& 5160.00 Filing Fee, Certified Cop	

#### 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:

1. Sphere Funding, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta consent of the managers or managing members adopting the alternate name. The alternate name must includ Company," "L.L.C," "Ll.C.")	
2. Nevada  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-3533949  (FEI number, if applicable	<u>.)</u>
4. 09/26/2011  (Date of Organization)  5. Perpetual (Duration: Year limited liability comparexist or "perpetual")	ny will cease to
6. (Date first transacted business in Florida, il prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	····
7. 7668 Warren Pkwy, Ste. 350	· · · · · · · · · · · · · · · · · · ·
Frisco, TX 75034	
(Street Address of Principal Office)	25.55 25.55 7107
3. If limited liability company is a manager-managed company, check here	
2. The name and usual business addresses of the managing members or managers are as fo	F
James Talbert - 7668 Warren Pkwy, Ste. 350, Frisco, TX 75034	
	TORA OR
	Ciri J
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign anslation of the certificate under oath of the translator must be submitted.)	ng custody of records in ign language, a
Nature of business or purposes to be conducted or promoted in Florida:	
Full service debt purchasing	<del></del> _
	<del></del>
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 of penalties of perjury that the facts stated herein are true. I am aware that any false information submedocument to the Department of State constitutes a third degree felony as provided for in s.81 James Talbert, Member	nitted in a

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. The name of the L	mited Liability Company	is:	
Sphere Fundir	g, LLC		
If unavailable, the alto	ernate to be used in the sta	ate of Florida is:	
2. The name and the	Florida street address of t	the registered agent and office are:	**************************************
NRA	Services, Inc.		
<del></del>		(Name)	<del>-</del>
515	East Park Avenue_		2012 See See See See See See See See See See
***************************************	Florida Street Address	S (P.O. Box NOT ACCEPTABLE)	B B
Tall	ahassee	<sub>FL</sub> 32301	
<del></del>		City/State/Zip	<b>19</b>
liability company at the agent and agree to act relating to the proper	e place designated in this in this capacity. I further and complete performance tion as registered agent as	accept service of process for the above certificate, I hereby accept the appoint agree to comply with the provisions of formy duties, and I am familiar with a provided for in Chapter 608, Florida	ment as registered -1 fall statutes and accept the
	(Signatur	e) Michael Mirrione, Assistant Secretar	у
	\$ 25.00 I \$ 30.00 C	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, SPHERE FUNDING, 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 September 26, 2011, and is in good standing in this state.

S.A. OF THE

Electronic Certificate
Certificate Number: C20111215-3169
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 15, 2011.

ROSS MILLER Secretary of State