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ALLAHASSEE

C. LEWIS

JUN 1 9 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		*.
	•		
SUBJE	CT: Diverse Funding Assoc	ciates LLC	
a.	Nar	ne of Limited Liability Company	
The enc Existen	closed "Application by Foreign Limited Liab ce, and check are submitted to register the al	ility Company for Authorization to Transact Business in Florida," Coove referenced foreign limited liability company to transact business	Certificate of ss in Florida
ادة Please r	eturn all correspondence concerning this ma	tter to the following:	
	Lawrence Schiavi		
		Name of Person	
1.+	Diverse Funding Associate	es LLC	
		Firm/Company	
	352 Sonwil Drive		
		Address	
	Cheektowaga NY 14225		
		City/State and Zip Code	
. (************************************	nmendez@dnfassocia	ites.com	
in the second	E-mail address: (t	be used for future annual report notification)	
For furt	her information concerning this matter, pleas	ee call:	
	Natalie Mendez	_{at (} 716 <u>9</u> 01-0748	
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	Registration Section P.O. Box 6327	Registration Section Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
	THE THE THE TENT OF THE TENT O	Tallahassee, FL 32301	
ື່ [⊀] Enclos	ed is a check for the following amoun	nt:	
	\$125.00 Filing Fee \$130.00 Filing Fe Certificate of Stat	e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate	

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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Diverse Funding Associates 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 attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C," "LLC.")	
2. DE 3. 204918924 (FEI number, if applicable)	
4. 05/23/2006 _{5.} perpetual	
(Date of Organization) (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. 352 Sonwil Drive Cheektowaga NY 14225	7
	: 7
(Street Address of Principal Office)	j
8. If limited liability company is a manager-managed company, check here ✓ $\frac{1}{2}$	
9. The name and usual business addresses of the managing members or managers are as follows:	
Lawrence Schiavi 352 Sonwil Drive Cheektowaga NY 14225	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	onds 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:	
consumer debt purchasing	
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

Lawrence Schiavi

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:		
Diverse Funding Associates 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 are:		
NRAI SERVICES, INC.	12 JUN SECRICI TALLAH	
515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee FL 32301	PH 3: 1	
City/State/Zip	DA SA SA	

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.

NRAL SERVICES, INC.

By: WHO WIZE Jessica Metzgor, Assistant Secretary

(Signature)

\$ 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 3

The First State

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

DELAWARE, DO HEREBY CERTIFY "DIVERSE FUNDING ASSOCIATES 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 THIRTEENTH DAY OF JUNE, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVERSE FUNDING ASSOCIATES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2006.

4163399 8300

120734972

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 9640594

DATE: 06-13-12

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