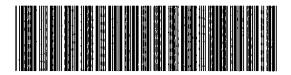
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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Principal Mediation Group LLC		
	N	ame of Limited Liability Company	
		bility Company for Authorization to Transact Business in Florida above referenced foreign limited liability company to transact bus	
Please return	all correspondence concerning this m	natter to the following:	
	Janet Lopez		
		Name of Person	
	Orion State Licensing, Inc.		
,	•	Firm/Company	•
	155 N. Riverview Drive		
		Address	
	Anaheim, CA 92808		
		City/State and Zip Code	
	janet@orionlicensing.com		<u>ਕ</u>
	E-mail address:	(to be used for future annual report notification)	- ()
For further inf	formation concerning this matter, ple	ase call:	\simeq
Janet	Lopez	at ()888-315-0805	(A)
	Name of Person	Area Code & Daytime Telephone Number	
Divis Regis P.O.	SLING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	0
	a check for the following amo 25.00 Filing Fee \$130.00 Fili Certificate o	ng Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, 0	

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,	Principal Mediation Group LLC (Name of Foreign Limited Liability Company; must incl.)			.""L.i	C" or "LLC)	_
	(Company Company, mass mer		Zimiou Ziuomi, Company	,	3. C., 01 BEC	. ,	
cor	name unavailable, enter alternate name adopted for the purposent of the managers or managing members adopting the altempany," "L.L.C," "LLC.")						
2.	Oklahoma	3.	45-2047144				
(Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FEI number, i	fappl	icable)		_
4.		5.	Perpetual				
	(Date of Organization)		(Duration: Year limited lia exist or "perpetual")	bility (company will o	ease to	_
6.	(Date first transacted business in F (See sections 608.501 & 608.502 F.S.)	lorio S. to	da, if prior to registration.) o determine penalty liability)			- J., L. L. L. L.	
7.	9126 E. 46th St Tu	ulsa	OK OK	74	145		_
8.	(Street Addres If limited liability company is a manager-managed		Principal Office) ompany, check here				-
9.	The name and usual business addresses of the mar	nag	ing members or manage	rs are	as follows:	13	
	John Houchin 9126 E. 46th St		Tulsa	ОК	74145)EC \$, , , , , , , , , , , , , , , , , , ,
				-,	(7. 11. = 1	23	,
						5	— (
					<u> </u>		<u>~</u> ., .
the trai	Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoexistation of the certificate under oath of the translator must be suit. Nature of business or purposes to be conducted of Collection Agency	opy ibmi	is not acceptable. If the certific itted.)				
	John VI		Incla:	<	SIGN HERE		
	Signature of a member or an a	uth	orized representative of	a mei	mber.		
	(In accordance with section 608.408(3), F.S., the exercise penalties of perjury that the facts stated herein are to document to the Department of State constitute.)	rue.	I am aware that any false info	ormatic	on submitted in	ı a	
			OUCHIN	101	5.5 . , , , , 5 . , 1	~.,	

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 Limited Liabi	lity Compa	nny is:				
Principal Mediat	ion Group LLC						
If unavailable, t	he alternate to be t	used in the	state of Florid	a is:			
2. The name an	d the Florida stree	t address o	of the registered	d agent and offic	ce are:		
	InCorp Services,	Inc.					
			(Name)				
	17888 67th Court	: North			(; T)		
	Florid	a Street Addr	ress (P.O. Box No	OT ACCEPTABLE)		3 0	
	Loxahatchee		FL	33470	And	EC >3	Pro es
			City/State/Zip)	(7) (7) (7) (7)	(Hap)	
liability company registered agent statutes relating	med as registered of y at the place designand agree to act in to the proper and attions of my positions.	gnated in th n this capac complete p	his certificate, i city. I further i erformance of	I hereby accept to agree to comply my duties, and I	he appointment d with the provisio am familiar with	ns of all and	1 2 22 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-		(Signat	ture)	eli-	_		
		\$ 100.00 \$ 25.00 \$ 30.00	Designation	or Application of Registered A ppy (optional)	agent		

\$ 5.00

Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that PRINCIPAL MEDIATION GROUP, LLC whose registered agent is JESON GILMORE, with its registered office at 9126 E 46TH ST TULSA 74145 USA Oklahoma is a Domestic Limited Liability Company organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

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IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>11th</u>, day of <u>December</u>, <u>2013</u>.

Secretary Of State