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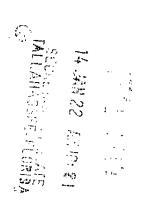
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J. Shivers JAN 2 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Pilot Receivables Management, 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:

E	iza	beth	And	Ires

Name of Person

Pilot Receivables Management, LLC

Firm/Company

10625 Techwoods Circle

Addres

Cincinnati, OH 45242

City/State and Zip Code

legallicensing@unifund.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Andres

.,513

489-8877

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pilot Receivables Management, LLC	ONDA.		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	C.," or "LLC	.")	
N/A If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern	ote name mu	et includ	a "Limitad
Liability Company," "L.L.C," or "LLC.")	ate name mu	ist iliciud	e Linned
_{2.} Ohio _{3.} 27-0434420			
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	pplicable)		
upon registration			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
10625 Techwoods Circle, Cincinnati, OH 45242			
·			
(Street Address of Principal Office)			
10625 Techwoods Circle, Cincinnati, OH 45242	i.		
	E C.		
(Mailing Address)	<u> </u>	<u> </u>	1
	27.2 10.4 10.4	75 -65	r v vita
7. The name, title or capacity and address of the person(s) who has/have authority t	o manage	is/are:	: T
Credit Card Receivables Fund Incorporated	1877 1877 1877		<u>.,,,</u>
10625 Techwoods Circle Cincinnati, OH 4524	12 ⁻	Cin Cin	1 23
Managing Member			
3. Attached is an original certificate of existence, no more than 90 days old, duly aut		•	
naving custody of records in the jurisdiction under the law of which it is organized.	•		
acceptable. If the certificate is in a foreign language, a translation of the certificate unust be submitted)	nder oath	of the	translato
7			
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of p im aware that any false information submitted in a document to the Department of State constitutes a third degree felony as p			
Jason Kaster, Vice President			. ,

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liab eceivables	• •	•	
If unavailabl	e, the alternate to be	used in the	state of Florida is:	
2. The name	and the Florida stre	et address o	of the registered agent and office a	re:
	Corporati	on Ser	vice Company	E —
			(Name)	
	1201 Hay	s Stre	et	30
	Flori	da Street Add	ress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee,		32301 FL	
			City/State/Zip	Marine programme and the second
liability comp registered ag statutes relati	pany at the place desent and agree to acting to the proper and ligations of my posit	ignated in this capal complete pion as registion as for Conference	o accept service of process for the chis certificate, I hereby accept the activ. I further agree to comply with performance of my duties, and I am stered agent as provided for in Chapture) The portion service Company accept the company acceptance of t	ppointment as the provisions of all familiar with and oter 605, Florida
		\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agen Certified Conv (ontional)	t

\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PILOT RECEIVABLES MANAGEMENT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1865152, was organized within the State of Ohio on June 19, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



SECRETARIO OF STATE O

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2014.

Ohio Secretary of State

n Housted

Validation Number: 201402100463