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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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CRETARY OF STATE

K. SALY EXAMINER APR 18 2014



ACCOUNT NO. : I2000000195 REFERENCE : 7968581 AUTHORIZATION COST LIMIT : ORDER DATE: April 16, 2014 ORDER TIME: 8:46 AM ORDER NO. : 097537-015 CUSTOMER NO: 7968581 FOREIGN FILINGS NAME: COVE CREDIT LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Gray -- EXT# 52920

EXAMINER:

COVER LETTER

10:	Registration Section
	Division of Corporation

SURJECT:

Cove Credit 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:

Monika McCarthy, Esq.

Name of Person

Cove Credit, LLC

Firm/Company

19800 MacArthur Blvd., Suite 1050

Address

Irvine, CA 92612

City/State and Zip Code

mmccarthy@covefinancial.com

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

For further information concerning this matter, please call:

Monika McCarthy

,,949

271-2919

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

iling Fee & S155.00 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 805.0902, FLORIDA FOREIGN LIMITED LIABILITY COMPANY TO TRANSAC	STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A
Cove Credit LLC	
	iclude "Limited Liability Company," "L.L.C.," or "LLC.")
N/A	
(If name unavailable, enter alternate name adopted for the purpose o Liability Company," "L.L.C," or "LLC.")	f transacting business in Florida. The alternate name must include "Limited
₂ Delaware	3 35 - 2476021
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} Upon filing	77 TO 1
(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)
₅ 19800 MacArthur Blvd., Suite 1	050, Irvine, CA 92612
	32 0
(Street Addr	ess of Principal Office)
₆ 19800 MacArthur Blvd., Suite 10	050, Irvine, CA 92612
(Ma	iling Address)
7. The name, title or capacity and address of the pe	arcon(r) who has/have authority to manage is/are
Cove Financial Group, Inc. 19800 MacArthur B	Blvd., Suite 1050, Irvine, CA 92612 is manager.
Officers appointed to help manage company are: I	Randy J. Hamilton, President; Monika L. McCarthy,
Secretary; Don Duffy, Treasurer. 19800 Ma	cArthur Blvd., Suite 1050, Irvine, CA 92612
having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, must be submitted) Signature of the accordance with section 605.0203, F.S., the execution of this document co	o more than 90 days old, duly authenticated by the official he law of which it is organized. (A photocopy is not, a translation of the certificate under oath of the translator an authorized person mattings an affirmation under the penalties of perjury that the facts stated herein are true and of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Monika L. McCarth	y
· · · · · · · · · · · · · · · · · · ·	ed 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.

 The name of the Limited Liability Compar 	ιỳ	ì	5:
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Cove Credit LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company					
(Name)					
1201 Hays Street					
Florida Street Address (P.O. Box	NOT ACCEPTABLE)			
Tallahassee	FI.	32301			

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 605, Florida Statutes.

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "COVE CREDIT 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 SIXTEENTH DAY OF APRIL, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVE CREDIT LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2013.

5332048 8300

140481772

AUTHENTY CATION: 1299126

DATE: 04-16-14

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