(1/5)

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### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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#### Foreign Limited Liability Company AS Triton LLC

| Certificate of Status | 0        |
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|                                     |   |  | COV  | ER LETTER  |                  |  |
|-------------------------------------|---|--|--|--|------------------|--|
|                                     | iration Section<br>on of Corporation  | s  |  |  |                  |  |
| SUBJECT: A                          | S Triton LLC  |  |  |  |                  |  |
|                                     |   | Name   | at (   |  |                  |  |
| The enclosed "/<br>Existence, and o | Application by For<br>check are submitte  | eign Limited Liabl<br>I to register the ab       | ilty Comp<br>ove refero                      | eany for Authorization to<br>enced foreign limited list              | Transact Busine  | ss in Florida," Certificate of<br>transact business in Florida |
| Picase return all                   | l correspondence o  | oncerning this mat                               | ter to the                                   | following:   |                  |  |
|                                     |   | Terri S  | arin   | <u> </u>   |                  |  |
|                                     |   |  | Na   | me of Person   |                  |  |
|                                     |   | Josel  | son !  | Potter   |                  |  |
|                                     |   | <del></del>                                      | Jilr   | тт/Сотрилу   |                  |  |
|                                     | 9400 500  | beaucrton-                                       | Hills  | dale Huy.  | 月 131-           | <u> </u>   |
|                                     |   |  |  | Address  |                  |  |
|                                     |   | Be   | aver   | ton, or  | 97005            |  |
|                                     |   |  | City/St                                      | ate and Zip Code   |                  |  |
|                                     |   | terrie,  | Prlau  | W. CDMA  |                  |  |
|                                     |   | E-mail address: (                                | to be used                                   | for future annual report no  | dification)      |  |
| For further infor                   | mation concerning   | this matter, please                              | call:  |  |                  |  |
|                                     |   |  |  |  |                  |  |
|                                     | Name of   | Confact Person                                   |  | Area Code  | Daytime Telephor | ne Number  |
| Divisio<br>Registr<br>P.O. Be       | ING ADDRESS:<br>on of Corporations<br>ation Section<br>ox 6327<br>assec, FL 32314 |  | Division<br>Registra<br>Clifton E<br>2661 Ex | of Corporations<br>tion Section<br>Building<br>scutive Center Circle |                  |  |
|                                     | check for the fo<br>5.00 Filing Fee   | llowing amoun  \$130.00 Filing  Certificate of S | Fee &  | _  |                  |  |

## 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:

| ] AS Triton LLC  |  |
|--|--|
| (Name of Foreign Limited Lightlity Company; must include "Limited Lightlity Company," "L.L.C.,   | 'ar "[.J.C.")  |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate Linbility Company," "L.I.,C," or "I.I.C.")  | name must include "Limited   |
| 2. Dolaware 3  |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (PEI number, if approximately)   | licable)   |
| 4  |  |
| (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |  |
| 5. 9400 SW Beaverton-Hillsdale Hwy, Suite 131-A  |  |
| Beaverton, OR - 97005  |  |
| (Street Address of Principal Office)   |  |
| 6. 9400 SW Beaverton-Hillsdale Hwy, Suite 131-A  |  |
| Beaverton, OR - 97005  |  |
| (Malling Address)  |  |
| 7. The name, title or capacity and address of the person(s) who has/have authority to  | manage is/are:   |
| Gregory Funding LLC, Manager   | 200  |
|  |  |
| 9400 Beaverton-Hillsdale Hwy, Suite 131-A  | :  |
| Beaverton, OR 97005  | 29   |
|  | Direction of the control of the cont |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authorized   |  |
| having custody of records in the jurisdiction under the law of which it is organized. (A   |  |
| acceptable. If the certificate is in a foreign language, a translation of the certificate und  | er oath of the translator  |
| must be submitted)   |  |
|  |  |
| Signature of an authorized person  In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penulties of perjuit aware that any false information submitted in a document to the Department of State constitutes a third degree felony as prov | ry that the facts stated herein are true. I ded for in s.817.155, F.S.)  |
| Irving Potter  | · · ·  |
|  |  |

## 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 STATE OF FLORIDA.   | na i e a regis i ered office and  | REGISTERED  |
|--|---|---|---|
| 1. The nam                                     | e of the Limited Liability Con  | npany is:   |   |
| AS Triton                                      |   |   | \   |
| If unavailab                                   | le, the alternate to be used in t   | the state of Florida is:  |   |
| 2. The nam                                     | e and the Florida street addres   | ss of the registered agent and office are:  |   |
|  | C T Corporation System  | _   |   |
|  |   | (Name)  |   |
|  | 1200 South Pine Island Road   | ,   | not.  |
|  | Florida Street A  | Address (P.O. Box NOT ACCEPTABLE)   |   |
|  | Plantation  | FJ_ 33324   | AUG   |
|  |   | City/State/Zip  | 72. 29  |
| liability com<br>registered a<br>statutes rela | pany at the place designated in<br>gent and agree to act in this ca<br>ting to the proper and complet | nd to accept service of process for the about this certificate, I hereby accept the appropriate. I further agree to comply with the performance of my duties, and I am faigistered agent as provided for in Chapte. | ndintment as<br>he provisions of gl<br>milliar with and |
|  | \$ 100.0<br>\$ 25.0<br>\$ 30.0<br>\$ 5.0  | Designation of Registered Agent Certified Copy (optional)   |   |

# Delaware

DAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AS TRITON 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2014.

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

5288089 8300

141125485

You may verify this cortificate online at corp. delaware . Gov/authour . shrm?

AUTHENTY CATION: 1658872

DATE: 08-29-14