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CORPDIRECT ÁGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

## **FILING COVER SHEET**

ACCT. #FCA-23						
CONTACT:	SAVANNAH DEBOER					
DATE:	07/07/2015					
REF. #:	<u>9615305</u>					
CORP. NAME:	MAN	TIS FUNDING LLC				
( ) ARTICLES OF INCORPORA	ATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION			
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME			
( XX ) FOREIGN QUALIFICAT	ION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY			
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL			
( ) CERTIFICATE OF CANCEL	LATION	r				
( ) OTHER:						
STATE FEES PREPAID WI	тн сн	ECK#31189542 FOR	\$ <u>155.00</u>			
AUTHORIZATION FOR A	ccour	NT IF TO BE DEBITED:  COST LIMIT:	¢			
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PLEASE RETURN:						
( XX ) CERTIFIED COPY						
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( ) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS						
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Examiner's Initials

#### **COVER LETTER**

		ation Section n of Corporation	s						
SUBJEC		Mantis Funding L	LC						
SOBJEC		Name of Limited Liability Company							
The enclo	osed "A e, and c	pplication by Fore heck are submitted	eign Limited Liability Comp i to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certi company to transact business in	ificate of 1 Florida		
Please re	turn ali	correspondence o	oncerning this matter to the f	following:					
		Angela Fletcher	•						
			Na	me of Person					
		Bridge Service	Согр.						
		Firm/Company							
		299 Broadway,	Suite 1508						
				Address					
		New York, NY 10007							
			City/St	ate and Zip Code					
		mike@mantisfun	ding.com						
	•		E-mail address: (to be used	for future annual	report noti	fication)			
For furth	er infor	mation concerning	this matter, please call:						
	Angela	Fletcher		212 at (	267-860	00			
•		Name o	Contact Person	Area Code	Dayı	ime 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							
		eck for the followi 1.00 Filing Fee	ng amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	:ate		

# 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:

1. Mantis Funding LLC (Name of For	oign Limited Liability Company	; must include "Limited L	iability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a	Iternate name adopted for the pu	rpose of transacting busin	ess in Florida, The alternate nam	ne must include "Limited
2. Delaware	of which foreign limited liability	3	(FEI number, if applicable	
company is organized)		,	(	'
4	(Date first transacted by	siness in Florida, if prior	to registration.)	-
- 140 Pount Reineigne	(See sections 605.0904 &	605.0905, F.S. to determi	ine penalty liability)	
5. 340 Royal Poinciana				15 JUL -7 AH 9: 32 SECRETARY OF STATE TALLAHASSEE, FLORID
West Palm Beach, Fl		of Principal Office)		- 語 -
6. 340 Royal Poinciana		s or Frincipal Office)		夏夏 山
v				五 五
West Palm Beach, FL		ing Address)		. F.S.T.
7 Name and street address	ss of Florida registered agent:	,	otoble)	<b>32</b>
,	NRAI Services, Inc.	(1.0. nox NOT acoo	,	P
Name:	1200 South Pine Island Roa		_	
Office Address:	<u></u>	-	_	
	Plantation (City)		, Florida 33324 (Zip code)	-
this application, I hereby	tance: gistered agent and to accept: accept the appointment as re statutes relative to the proper	service of process for to gistered agent and agr	he above stated corporation ee to act in this capacity. I f	urther agree to comply
		gistered agent's signature		
· ·	city and address of the person ng Member - 340 Royal Poin	ı(s) who has/have autho	rity to manage is/are:	33480
	g Member - 340 Royal Poinc			<del></del>
		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	of existence, no more than 90 of which it is organized. (If the abmitted)			
	Signati	ure of an authorized perso	n	
This document is executed submitted in a document to	in accordance with section 60 the Department of State const	5.0203 (1) (b), Florida titutes a third degree fel	Statutes. I am aware that any ony as provided for in s.817.1	false information I.55, P.S.

Typed or printed name of signce

**Edward Lovette** 

# Delaware

PAGE

### The First State

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

DELAWARE, DO HEREBY CERTIFY "MANTIS FUNDING 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 SECOND DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANTIS
FUNDING LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D.
2013.

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

5302394 8300

151007350

AUTHENTYCATION: 2524724

DATE: 07-02-15

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