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SUBJECT: AT	LANTIC FUNDII	NG LTD LLC							
			: of Limited	Lability Comp	uny				
The enclosed "A Existence, and el	pplication by Fore teck are submitted	ign Limited Liabi to register the ab	ility Comp wve relbre	any for Author need foreign li	izalian lo mited liab	Transaci ility com	Business in Flo pany to transac	orida," Certille I business in F	ate of Iorida,.
Please return all (correspondence co	oncerning this mai	tier to the	ollowing:					
	William Cooley								
			No	me of Person					
	ATLANTIC FUN	IDING LTD LL	С						
			Fir	n√Company					
	229 Edmor Rd.								
				Address					
	W. Palm Beach, I	FL 33480							
			City/St	ate and Zip Code	2				
(eval3003@bellsa							三三三 💆	
•	·)‡-mail address:	(to be used	for future annua	repart no	illealion)		三海	==
For further infor	mation concerning	this nutter, pleas	te call:					一覧は「	
William	7 Caoley			\$61	Rad	.0612			
		Contact Person		Area Co	ode	Daytinue	Telephone Num	ber P. C.	
Divisiui Regiaus !' O. Bo	NG ADDRESS: n of Corporations atton Section ox 6327 ssee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: of Corporation tion Section Building ceutive Center (sec, FL 32301	ns			OEDA TATE	G 17
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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:

I. ATLANTIC FUNDING			
(Nume of Foreig	gn Limited Limbility Company; must i	nclude	de "Limited Labilay Company," "L. L. C.," of "LLC")
(If name unavailable, enter alto Liability Company," "L.L.C,"	ernatu name adopted for the purpose of "LLC.")	al' (min	unsacting besmess in Florida. The ulternate name must include "Limited
2. Nevada		3.	3_ LLC3293-1999
(Jurisdiction under the law (of which Greign Innited Liability		(FEI number, if applicable)
4			
	Date first transacted business (See sections 605.0904 & 605.0	s en Fl 905, F	Florida, if prior to registration.) F.S. to determine penalty liability)
5. 229 Edmor Rd. W Pair	m Beach, FL 33480		
	(Street Add	ress o	of Principal Office)
6. 229 Edmor Rd W Paln	n Beach, FL 33480		
	(N	ailing	ng Address)
7. The name, title or o	cupacity and address of the p	erso	son(s) who has/have authority to manage is/are:
William Cooley, Manager	229 Edmor Rd. W Palm Beach, I	FL 33	13480
			三
having custody of reco	ords in the jurisdiction under ficate is in a foreign languag	the e, a	more than 90 days old, duly authenticated by the official claw of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator
(In accordance with section 605 II am aware that any falsy informati	11303. E.S., the assession of this document	consti	sultates an affirmation under the penalties of perjory that the facts stated between one true in of State constitutes a third degree felony as provided for in a \$17 (55, 1/8)
	Brent Boscay		
	Typed or pri	nted	d name of signee

المصورة أأرار

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.

1. The name	of the Limited Liability Compa	ny is:	
ATLANTIC FU	NDING LTD LLC		
If unavailable	, the alternate to be used in the	state of Florida is:	
2. The name	and the Florida street address o	f the registered agent and office are	:
	National Registered Agents, Inc.		
	· · · · · · · · · · · · · · · · · · ·	(Nume)	
	1200 South Pine Island Road		- 30 5
	Florida Street Addi	ress (P.O. Bux NOT ACCEPTABLE)	
	Plantation	FL 33324	一
liability comp registered ago stanties relati	uny at the place designated in the ent and agree to act in this capa ing to the proper and complete p	City/State/Zip o accept service of process for the airs certificate. I hereby accept the apoint. I further agree to comply with serformance of my duties, and I am fored agent as provided for in Chapt	bove stated limited. 5 pointment as the provisions of all amiliar with and
	National Registered Agents, By: (Signal)	ture) Comin Bug-	Connie Bryan Hisistant Secretary
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	·

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ATLANTIC FUNDING LTD., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 7, 1999, and is in good standing in this state.

S CONTRACTOR OF THE PARTY OF TH

Electronic Certificate
Certificate Number: C20150713-1008
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 13, 2015.

BARBARA K. CEGAVSKE Secretary of State JUL 16 MI DE 17