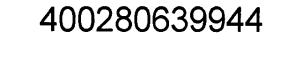
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(Re	questor's Name)	
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(Ad	dress)	101801
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	!
Student Loan Liquidity, LLC SUBJECT:	
Name o	f Limited Liability Company
The enclosed "Application by Foreign Limited Liability Cor Existence, and check are submitted to register the above refe	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	e following:
Angela Brandenstein	
	Name of Person
	Firm/Company
6970 W. 116th Avenue, Unit D	тип/сотрану
	Address
Broomfield, CO 80020	
·	State and Zip Code
brandensteinco@gmail.com	ed for future annual report notification)
For further information concerning this matter, please call:	
Angela Brandenstein	at ()
Name of Contact Person	Area Code Daytime Telephone Number م
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: \$\Boxed{\Boxes} \$125.00\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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: Student Loan Liquidity, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2 Colorado (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 82 Crestone Way Castle Rock, CO 80108 (Street Address of Principal Office) 82 Crestone Way Castle Rock, CO 80108 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) CT Corporation System Namo: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named us registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) Stephanie Boehm, Asst. Sec. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ronald Page, CEO, 82 Crestone Way, Castle Rock, CO 80108

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Jolynn M, Snyder, Chief Relationship Officer, 7900 E. Dartmouth Ave., #45, Denver, CO 80231

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree relong as provided for in s.817.155, F.S.

Typed or printed name of signee

STUDENT LOAN LIQUIDITY, LLC MANAGERS

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					Ronald Page	Justin M. Snyder
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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Student Loan Liquidity, LLC

is a

Limited Liability Company

formed or registered on 10/07/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151653566.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/25/2015 that have been posted, and by documents delivered to this office electronically through 12/02/2015 @ 11:04:31 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/02/2015 @ 11:04:31 in accordance with applicable law. This certificate is assigned Confirmation Number 9397171



Secretary of State of the State of Colorado

************End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

MUDOCOORA

(Re	equestor's Name)				
(Ac	(Address)				
(Ac	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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Special Instructions to Filing Officer:					

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FILED
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COVER LETTER

	on of Corporation ELIABLE INVES						
SUBJECT:			Limited Liability	Company			
		eign Limited Liability Comp d to register the above refero					
Please return all	l correspondence o	concerning this matter to the	following:				
	ANTHONY O	BIAKO					
		N	ame of Person				
	RELIABLE IN	VESTMENTS LLC					
		Fi	irm/Company				
	9735 26TH AV	YE SW					
			Address				
	SEATTLE, WA	A 98106				Zo B	
		City/S	tate and Zip Code				
	anthony@reliabl	einvestmentslle.com				TS IN	
		E-mail address: (to be used	d for future annua	report not	ification)	in the same of the	
For further info	rmation concernin	g this matter, please call:					
ANTH	HONY OBIAKO		206 at (436478	0	5	
	Name o	of Contact Person	Area Code	Day	time Telepho	one Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS of Corporation Section uilding centive Center ee, FL 3230	ons r Circle		
	neck for the follow 5.00 Filing Fee	ring amount: \$\Boxed{1} \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy			Filing Fee, Certif Certified Copy	ica

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 RUSINESS. IN THE STATE OF FLORIDA.

COMPANY TO TRANSACT BUS	INESS IN THE STATE OF FLORIDA:		
1. RELIABLE INVESTME			
(Name of Foreig	gn Limited Liability Company; must include "	Limited Liability Company," "L.L.C.,	" or "LLC.")
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose of transactor "LLC.")	ting business in Florida. The alternate	name must include "Limited
2. HAWAII		-3968087	
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applica	able)
4. 1-13-2016		· · · · · · · · · · · · · · · · · · ·	
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.) to determine penalty liability)	
5. 9735 26TH AVE SW			
SEATTLE, WA 98106			
0725 26TH AVE CW	(Street Address of Principal O	ffice)	5 1 ~
6. 9735 26TH AVE SW		101 101 11	
SEATTLE, WA 98106			
	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box 1	NOT acceptable)	
Name:	REGISTERED AGENTS INC.		
Name;	2020 N. Basin Paint Drive C	FF 1 FO A	
Office Address:	3030 N. Rocky Point Drive, S	IE IDUA	5 7
	TAMPA	, Florida 33607	·
Registered agent's accepta	(City)	(Zip code)
Having been named as reg this application, I hereby a	istered agent and to accept service of pro ccept the appointment as registered agen atutes relative to the proper and complet ion <u>as r</u> egistered agent	it and agree to act in this capacity	i. I further agree to comply I am familiar with and accept
-	(Registered agent	's signature)	
8. The name, title or capac ANTHONY OBIAKO, MI	city and address of the person(s) who has/	have authority to manage is/are:	
9735 26TH AVE SW, SEA	ATTLE, WA 98106		
<u></u>		**************************************	
9. Attached is a certificate of jurisdiction under the law of the translator must be sul	of existence, no more than 90 days old, du f which it is organized. (If the certificate bmitted) Signature of an auth	is in a foreign language, a translation	ving custody of records in the on of the certificate under oath
This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware tha	at any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

ANTHONY OBIAKO



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

RELIABLE INVESTMENTS LLC

was organized under the laws of the State of Hawaii on 11/03/2010; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 08, 2016

Cather. Owal Color

Director of Commerce and Consumer Affairs