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| Certified Copies Certificates of Status |                           |      |
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| Special Instructions to                 | Filing Officer            |      |
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## COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Disersidied Receisables 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:   |
| Ronald Hairison Name of Person  |
| Diversified Roceisable LLC  |
| 7588 Central Parke Blud. # 134  |
| Mason Off 45040 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:    Ton Marrison   at (614) 329-6280.   |
| 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:    Status   Certificate   Certificate |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;  |
|--|
| 1. Disersidies Receisables LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |
|  |
| Of the state of the state of the purpose of transacting business in Florida. The alternate name must include "Limited"   |
| Liability Company," "L.L.C," or "LLC.")  |
| 2. Ohio (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)  |
| 4. February 1st 2016   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |
| S  |
| 2555 0 1 1 0 10 21 1 0   |
| 1588 Central Parkle Blud Mason DHY 5040 (Street Address of Principal Office)   |
| 6.   |
|  |
| 7588 Contral Parke Blod # 134 Mason 0 # 45040  |
| (Walning Address)  |
| 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  |
| Name: 1600 Harrison  |
| Office Address: 235 Third St. South  |
| St Peters bus Florida 3370/ (City) (Zip code)  |
|  |
| Registered agent's acceptance: 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 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.   |
| accept the obligations of my position as registered agent.   |
| (Registered agent's signature)   |
| 8. The name title or conscituend address of the negron(s) who have suthering to see in the conscituence of the negron (s) who have suthering to see in the conscituence of the negron (s) who have suthering to see in the conscituence of the negron (s) who have such as in the conscituence |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   |
|  |
| 7588 Control Parks Blud, #134"   |
| Mason, OH 45040  |
| 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)   |
| Con 9 gr   |
| 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 felony as provided for in s.817.155, F.S.   |
| Tond E. Harrise Tr.  |

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DIVERSIFIED RECEIVABLES LLC, an Ohio For Profit Limited Liability Company, Registration Number 2355598, was organized within the State of Ohio on January 5, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of February, A.D. 2016.

Ohio Secretary of State

for Husted

Validation Number: 201603402004