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2016 JUN -6 A & 16

JUN 0 7 2016 WOLLEY SINASON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 138492 7495468

AUTHORIZATION :

COST LIMIT : \$4125.00

ORDER DATE : May 11, 2016

ORDER TIME: 1:35 PM

ORDER NO. : 138492-050

CUSTOMER NO: 7495468

FOREIGN FILINGS

NAME: ARBOR AGENCY LENDING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

	сіда виняси главниў с отрану,	must mem	Ic "Limited Liabili	ty Company." "I	L.C.," c	or "LLG	.")	
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the pur	pose of tra	nsacting business in	1 Florida. The al	ternate na	inic mu	st includ	c "Limited
2. New York		3	81-2566626					
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if	applicabl	c)		
4								
	(Date first transacted bu (See sections 605.0904 &	siness in Fl 605.0905, I	orida, if prior to rep F.S. to determine pe	gistration.) enalty liability)				
5. 333 Earle Ovington B								
Uniondale, NY 11553								
	(Street Address	of Principa	ıl Office)	······································	,			
6. Same as above						-		
			•					71
	(Maili	ng Address	3)			<u> </u>	1	
7. Name and street addres	ss of Florida registered agent:	(P.O. Bo:	NOT acceptable	le)	į	# <u>~</u>	o	'n
Name:	Corporation Service Compa		<u></u>	,			\triangleright	Ö
	1201 Hays Street				•		 	
Office Address:	Tallahassee			Florida 32301		DE A	OF	•
	(City)	1		Florida(Zir	code)			
Dagistavad agantis anam	= -						онълли	at the place
designated in this applica to complywith the provisi	= -	ointment (he proper	is registered ager	nt and agree to erformance of	act in t my dutic Cou	his cap es, and rtne\	pacity. Ham fi Will	I further agra miliar with a iams
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Typed or printed name of signce

John Bishar, Authorized Person

State of New York Department of State

I hereby certify, that ARBOR AGENCY LENDING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/20/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of May two thousand and sixteen.

Anthony Giardina

Dutiny Sicidina

Executive Deputy Secretary of State