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(((H160003047173)))



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To:

Division

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From:

Account Name : MCDONALD HOPKINS CO., PA
Account Number : I20050000183
Phone : (561)472-751(
Fax Number : (561)472-297)

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FI Financial LLC

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COVER LETTER

TO:	Registration Section Division of Corporations	Ş.				
erin II	F1 Financial LLC	1.4				
3000	ECT:	Name of Limited Liability Company				
The ea	nclosed "Application by Foreign Limited Lince, and check are submitted to register the	ability Company for Authorization to Transact Business in Florids above referenced foreign limited liability company to transact bus	i," Certificate of siness in Florida			
Please	return all correspondence concerning this	natter to the following:				
	Jaimie Paul					
	Name of Person					
	McDonald Hopkins LLC					
	Flom/Company					
	505 S. Flagler Drive, Suite 300					
	Address					
	West Pnlm Beach, FL 33401	West Polm Beach, Fi. 33401				
	City/State and Zip Code					
	jmciscr@cherrycove.com					
	E-nuil addre	s; (to be used for future annual report notification)	_			
For fu	other information concerning this matter, p	ease call:				
	Jaimie Paul	561 472-4121 at ()				
	Name of Contact Pers	at () Area Code Daytime 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 Tallahs see, FL 32301				
Encla	sed is a check for the following amount: \$\Boxed{15} \text{\$\$125 00 Filing Fee} \Boxed{\Boxed{25} \$					

H160003047173

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

IN COMPLIANCE, WITH SECTION 605/0902, PLORIDA STATUTES. THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

L. FI Financial LLC			
(Name of Fore	ign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LL	C.")
	f California, LLC		
Liability Company," "L.L.C,"	or "LUC.")	sacting business in Flor da. The alternate name in	
2. California	3.	33-0675856	
company is organized)	of which foreign limited liability	(PEI number, (Papplicable)	
4. December 13, 2016	(Date first transacted business in Pl	orlds (factor to resistantian)	
	(See sections 605.0904 & 605.0905, F	S. to determine penalty liability)	ہ_ ب
5. 1505 Belvedere Road			6
West Paim Bench, Flor			16 DEC 19 AM
	(Street Address of Principa	il Office)	19 A
6. 1505 Belvedere Road			
West Palm Beach, Flor	ida 33406		三 三
	(Mailing Address	:)	٠٠ ي
7. Name and standt address	s of Florida registered agent: (P.O. Ba	v NOT acceptable)	9: 22
7. Papille and Street address	John T. Metzger, Esquire	- Maria de Charles	15. TO
Name:	John 1. Wetzger, 15dure		
Office Address:	505 S. Flagler Drive, Suite 300		
	West Palm Beach	, Florida 33401	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	igistered agent and to accept service of ition, I hereby accept the appointment ons of all statutes relative to the plope my position as registered agent	process for the above stated finited liability as registered agent and agree to act in this to r and complete performance of my duties, a gent's signable)	capacity. I further agree
8. The name, title or cap.	acity and address of the person(s) tho	has/have authority to manage is/are:	
James T. Waring, Preside	-		
			
330 West C Street, State	2050, San Diegu, CA 92101		······································
		The state of the s	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certific submitted)	duly authenticated by he official having eu ate is in a foreign language, a translation of the company of the c	istody of records in the he certificate under oath
This document is execute submitted in a document t	o the Department of State constitutes a	 (1) (b), Florida Statutes, I am aware that any third degree felony as provided for in 5.817.1 	Talse information 55, F.S.
	Sames T. Waring Brian K.	Anacis I name of signed	
	Typed or printed	i name of signed	

H160003047173----

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FI FINANCIAL LLC

FILE NUMBER: FORMATION DATE: 201609910254 04/01/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

STATUS:

CALIFORNIA ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 9, 2016.

ALEX PADILLA Secretary of State 12/19/2016 16:13 FAX 561 427 2975

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12/19/2016 1:48:03 PM PAGE

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Please see attached with alternative name. Shork you!

December 19, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

MCDONALD HOPKINS CO., PA

SUBJECT: FI FINANCIAL LLC

REF: W16000084471

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II Registration Section

FAX Aud. #: H16000304717 Letter Number: 216A00026889

(850) 245-6917