(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to	Filing Officer:						
Opecial instructions to	r illing Officer.						



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Office Use Only

S Warren

FEB 2 7 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 523353 4726940

AUTHORIZATION STOPPED BEETING

COST LIMIT : \$\frac{1}{25.00}

ORDER DATE: February 24, 2017

ORDER TIME : 3:19 PM

ORDER NO. : 523353-005

CUSTOMER NO: 4726940

FOREIGN FILINGS

NAME: XL FUNDING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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

IN COMPILANCE 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:

1. XL Funding, LLC	2.11.2.11.11.12.		3. 44 h	L*15. 23	C	(A.12)	
(Name of For XLF Funding, LLC	eign Limited Liability Company; mu	st men	ide "Limited Liai	bility Company," "I	L.L.C.," OF "LI	JU.')	
	lternate name adopted for the purpos	e of tr	ansacting busines	s in Florida. The al	ternate name n	nust includ	le "Limited
2. Indiana	,	2	38-4024432				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)				
4	-						
	(Date first transacted busine (See sections 605.0904 & 605	ess in 1 .0905,	lorida, it prior to F.S. to determine	registration.) e penalty liability)			
5. 10333 N. Meridian St	reet, Suite 200, Indianapolis, IN	6290					
·			,		<i>y</i> =	- 0	
	(Street Address of	D-!!-	-1.005>		7 mm	-	
10333 N. Meridian Str	eet, Suite 200, Indianapolis, IN 4	-	ai Oince)		7 (G 32開	-0	77
6. 10332 W. Wendian Str	cei, Bane 200, maianapons, ne v	0270				فيري. د ده	
					77,72 77,72	بر در ا	3 6~7~1
	(Mailing	Addres	s)		<u> </u>	\triangleright	m
7. Name and street addre	ss of Florida registered agent: (P.	O, Bo	x NOT accept	able)	E S	5	O
Name:	Corporation Service Company			<i>,</i>	ROP OF	¥ 22	
Office Address:	1201 Hays Street					 1	
	Tallahassee			_ , Florida <u>32301</u>			
Registered agent's accep	(City)			(Zi ₁	p code)		
designated in this applica to complywith the provisi accept the obligations of	.	tment prope by V ered a	as registered as r and complete	gent and agree to	my duties, an Meliss Asst. Vic	apacity. nd I am fi a Zend	I further agree amiliar with ar Cl
-	acity and address of the person(s)		3.7	•	are:		
Darris McClure, 15800 S	pectrum Drive #1429, Addison, 7	X 75	001 Manage			<u></u>	
Cam Hitchcock, 10537 B	ishop Circle, Carmel, IN 46032	M	lanager				
Peter Mogk, 1066 Yorksh	nire, Gross Pointe, MI 48230	N	Manager				
	of existence, no more than 90 da of which it is organized. (If the combinitted)						
	Signature	ofan	authorized persor	1			
	f in accordance with section 605.0 the Department of State constitu						nation

Samuel D. Hodson, Authorized Person

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

XL FUNDING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 17, 2017, and was in existence or authorized to transact business in the State of Indiana on February 24, 2017.

I further certifive this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 24, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201701171175967 / 2017234762 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate