1117000005491

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FILED DISSOLUTION + FOREIGN LLC
See L17000035482

Office Use Only



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06/27/17--01006--008 **155.00

2017 JUN 27 AM IO: 52 SECRETARY OF STATE

OFFICE OF STATE

K. SALY JUN 29 15.7

SHINE CORPORATE FILING OF FLORIDA INC. 3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792 DATE: 6-27-17 WALK IN DOCUMENT #__ **PLEASE FILE THE ATTACHED AND RETURN: ** Plain Copy Certified Copy **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: ** Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE'/NOTARIAL CERTIFICATION: ** COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED_____ TOTAL \$ OWED: CHECK #:

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 28, 2017

SUNSINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: ASCEND FUNDING, LLC

Ref. Number: W17000053610

We have received your document for ASCEND FUNDING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thanks,

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Salv Regulatory Specialist II

Letter Number: 617A00013073

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:

If name unavailable, enter a liability Company,""L.L.C		ourpose of transacting business	ss in Florida. The alterna	ate name must include "Limited
Delaware	·	3.		
	v of which foreign limited liab	lity J.	(FEI number, if ap	pplicable)
February 14, 2017				7 2 2
	(Date first transacted (See sections 605.0904)	business in Florida, if prior t & 605.0905, F.S. to determin	o registration.) se penalty liability)	LER JE
2001 NW 107th Ave.	Third Floor			PSS 21
Miami, FL 33172				EF. F. ST
	(St	reet Address of Principal Offi	ice)	97. 5
j.			•	20 %
7. The name, title or	capacity and address o	(Mailing Address) f the person(s) who ha	as/have authority to	o manage is/are:
Fracy Parks, COO			as/have authority to	o manage is/are:
Fracy Parks, COO			as/have authority to	o manage is/are:
Tracy Parks, COO			as/have authority to	o manage is/are:
Pracy Parks, COO 2001 NW 107th Ave, The Miami, FL 33172 Attached is an originary aving custody of recoceptable. If the cert	ird Floor inal certificate of existe ords in the jurisdiction	f the person(s) who have the person of the p	days old, duly auti	henticated by the official
Pracy Parks, COO 2001 NW 107th Ave, The Minmi, FL 33172 . Attached is an origaving custody of recocceptable. If the cert	ird Floor inal certificate of existe ords in the jurisdiction	f the person(s) who have the person of the p	days old, duly auti	henticated by the official
Tracy Parks, COO 2001 NW 107th Ave, Th Minmi, FL 33172 B. Attached is an originary of receptable. If the cert must be submitted)	inal certificate of existe ords in the jurisdiction ificate is in a foreign la	ence, no more than 90 under the law of which inguage, a translation of the following t	days old, duly aution it is organized. (of the certificate under the penalties of p	henticated by the official A photocopy is not nder oath of the translato

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

i. The name of	the Limite	d Liability Company is:	
Ascend Funding, I	LLC		
If unavailable, t	he alternate	e to be used in the state of Florida is:	
2. The name an	nd the Flori	da street address of the registered agent and office are:	2011 JUN 27
	NRAI Serv	ices, Inc.	費えて
		(Name)	V 7
	1200 South	Pine Island Road	F 5 6
	MIC 52 OF STATE EE. FLORIDA		
	Plantation	FL 33324	
	***	City/State/Zip	

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 certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

NRAI Services, Inc.

By:

(Signature) Patricia A. Boverie, Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASCEND FUNDING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCEND FUNDING, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 202610575

Date: 05-26-17