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Terr Division of Conserations Fax Munther : (850)617-6583 lacus: Astrophy Name : HHAL SERVICES, LLC Account Number : 120086000104 Phone : (302)674-4089 Fax Mundage : : : (302)674-5066

stthicer the email address for this business entity to be used for furt \mathfrak{W} annual report mailings. Noter only one email address pleaselist

Email Address: kevin fitzpatrickespringbaype.com

Foreign Limited Liability Company SPRING BAY FUNDING LLC

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August 25, 2017

FLORIDA DEPARTMENT OF STATE Division of Comorations

NRAI SERVICES, LLC

SUBJECT: SPRING BAY FUNDING LLC

REF: W17000070100

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Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H17000227916 Letter Number: 717A00017560

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

IN COMPIANCE WITH SECTION 605.0XX2. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Spring Buy Funding LI	LC		
(Name of Fore	eign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "f	LLC.")
(If name unavailable, enter at Liability Company," "L.L.C.		ansacting business in Florida. The alternate name	: must include "Limited
a Delaware			
(Jurisdiction under the law company is organized)	of which turnign limited liability	(FEI number, it applicable)	
4.		_	
	(Date first transacted business in (Sire sections 605,0904 & 605,0905)	Florida, if prior to registration.) . F.S. to determine pointly liability)	
5. 783 South Orange Ave			
Sameora, FL 34736			29II
	(Street Address of Princip	pal Office)	2
6, 783 South Orange Ave	nuc, Saite 200		AUG 25
Sarasota, Fl. 34236		·	16 25 16 25
	(Mailing Addre	14)	
7. Name and street address	g of Florida registered agent: (P.O. B	ox <u>NOT neceptable)</u>	
Name:	NRAI Servicen, Inc.		9: 2
	1200 South Pine Island Road		
Office Address:	Plantation	33374	
	(City)	, Florida 33324 (Zip code)	
designated in this applica to complywith the provisi- accept the obligations of i	gistared agent and to accept service of tion, I hereby accept the appointment one of all statutes relative to the property my position as registered agent. NRAI Services, Inc.	of process for the above stated limited liability or registered agent and agree to act in this er and complete performance of my duties, of the support of the support of suppor	capacity. I further agree
	neity and address of the person(s) who	pas/pave authority to manage is/are:	
Kevin P. Fitzpatrick, Mun	inging; introduct		1811 4
9. Attached is a certificate jurisdiction under the law of the translator must be a	of which it is organized. (If the certific	d, duly authenticated by the official having comme is in a foreign language, a translation of the second authorized person	astody of records in the the certificate under oath
This document is executed submitted in a document to	f in accordance with section 605,0203 (the Department of State constitutes a	 (1) (b), Florida Statutes, I am aware that may t third degree fellow as provided for in p.\$17.1 	fulse information .55, F.S.
	Kevin P. Fitzpatrick		
	Typed or printer	I name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPRING BAY 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-FOURTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRING BAY
FUNDING LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D.,
2017.

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

6521301 8300 SR# 20175874245

You may verify this certificate online at corp.delasware.gov/authver.shtml

Jeffrey Fr. Wallock, Secretary of State

Authentication: 203114359

Date: 08-24-17