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COVER LETTER

TO:

| | Registration Section · Division of Corporations | | | |
|------------------------|--|---|--|---|
| SUBJEC | T: AMF FUNDING, LLC | | Limited Liability Comp | pany |
| The enclo Existence | osed "Application by Foreig , and check are submitted (| gn Limited Liability Comp to register the above refere | oany for Authorization enced foreign limited li | to Transact Business in Florida," Certificate ability company to transact business in Florid |
| Please ret | turn all correspondence cor | ncerning this matter to the | following: | |
| | CARLOS M. HE | RNÁNDEZ | | |
| | | N | ame of Person | |
| | | | | |
| | - | Fi | rm/Company | |
| | 6100 HOLLYW | OOD BLVD, SUITE 525 | | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | HOLLYWOOD, | FLORIDA 33024 | | |
| | <u> </u> | City/S | tate and Zip Code | |
| | | DAMERIFINANCE.NET | | |
| | | E-mail address: (to be used | I for future annual repo | ort notification) |
| For furthe | er information concerning t | this måtter, please call: | | |
| | CARLOS HERNANDEZ | | _ at (954) _98 | 87-7960 EXT 5000 |
| • | | Contact Person | Area Code | Daytime Telephone Number |
| 1 | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Div Reg Clif 266 | REET ADDRESS: ision of Corporations gistration Section from Building 1 Executive Center Circle lahassee, FL 32301 |
| | | g amount: I \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fe Certified Copy | e & ☐ \$1/60.00 Filing Fee, Certificate of Status & Certified Copy |

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (P.E. number, it applicable) (Date fros transcreed bissures on Florida, if proof to registrations) (See sections 60/0904 x rels 0/095, F.S. to determine penalts, lichidity) (See sections 60/0904 x rels 0/095, F.S. to determine penalts, lichidity) (See sections 60/0904 x rels 0/095, F.S. to determine penalts, lichidity) (Sincer Address) (Mahing Ad | 1. AMF FUNDING, LLC (Name of Foreign | Limited Liability Company; | must include "Limited Liabilit | y Company," "L.L.C.," or "LL | C.") |
|--|--|--|---|------------------------------|--|
| 2. DELAWARE (DE) (Date the translaced because in Plenik, of prote to regrenation) (PER number, if applicable) (Date for translaced because in Plenik, of prote to regrenation) (Exe sections 65 (994 at 95,990), P.S. to determine possibly habitity) 5. 6100 HOLLYWOOD BLVD, STE 525 (Dater Address) (Described as 3024 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RAMIN FARAHMAND Office Address: 110LLYWOOD, FLORIDA 33024 (Oth) (Ot | | | | | |
| (City) Registered agent's acceptance: HOLLYWOOD BLVD. STE 525 Florida agent's acceptance: HOLLYWOOD BLVD. STE 525 Florida agent's acceptance: HOLLYWOOD BLVD. STE 525 Name: RAMIN FARAHMAND Office Address: 6100 HOLLYWOOD BLVD. STE 525 HOLLYWOOD BLVD. STE 525 Florida agent's acceptance: HOLLYWOOD BLVD. STE 525 HOLLYWOOD BLVD. STE 525 | | ame adopted for the purpose of tr | | | I Liability Company," "L. L. C." or "L.L.C.") |
| 6. (Stack Address) (Name and Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RAMIN FARAHMAND Office Address: (Cop.) (| 2. DELAWARE (DE) (Jurisdiction under the law of w | nich föreign lumited liability comp | pany is organized) 3. | | number, if applicable) |
| 6. (Stack Address) (Name and Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RAMIN FARAHMAND Office Address: (Cop.) (| | I | | | |
| 6. (Stack Address) (Name and Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RAMIN FARAHMAND Office Address: (Cop.) (| ······································ | (Date first transacted busin (See sections 605,0904 & | tess in Florida, if prior to registration | n) liability) | _ |
| Office Address: 6100 HOLLYWOOD BLVD. STE 525 HOLLYWOOD. (Ctsy) (Ct | 5 6100 HOLLYWOOD | | 6 | | 1 7 7 |
| Office Address: 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD. (Cus) (In the proper of process for the above stated limited liability company at the planters in this capacity. I further a, to complete performance of my duties, and I am familiar with an accept the obligations of my position, as represent agent. (Bédistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: (CFO-DIRECTOR CARLOS M HERNANDEZ (6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33022 VPISEC-DIRECTOR AMIR AZARPAD OFFICER AGUSTIN PERRET-GENTIL 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33022 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section (05.0203 (17 (b)), Florida Statutes, I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155, F.S. | | | | (Mailing | Address) |
| Office Address: 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD. (Cus) (In the proper of process for the above stated limited liability company at the planters in this capacity. I further a, to complete performance of my duties, and I am familiar with an accept the obligations of my position, as represent agent. (Bédistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: (CFO-DIRECTOR CARLOS M HERNANDEZ (6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33022 VPISEC-DIRECTOR AMIR AZARPAD OFFICER AGUSTIN PERRET-GENTIL 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33022 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section (05.0203 (17 (b)), Florida Statutes, I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155, F.S. | HOLLYWOOD, FLOI | | | | |
| Office Address: 6100 HOLLYWOOD BLVD. STE 525 HOLLYWOOD. (Ctsy) (Ct | | | | | |
| Office Address: Cosy Cosy Florida 33024 (Zapcosle) | 7. Name and street addres | ss of Florida registered | agent: (P.O. Box NOT | acceptable) | بې |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position, as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Address: PRES. / DIRECTOR RAMIN FARAIMAND FLORIDA 33024 PRES. / DIRECTOR RAMIN FARAIMAND FLORIDA 33024 VP.SEC. DIRECTOR AMIR AZARPAD 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 VP.SEC. DIRECTOR AMIR AZARPAD 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1/16). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | Name: | RAMIN FARAHMA | AND | | e de la companya della companya della companya de la companya della companya dell |
| HOLLYWOOD. (Crs) (Crs | Office Address: | 6100 HOLLYWOOD | D BLVD, STE 525 | | · |
| Registered agent's acceptance: Maving been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position, as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: PRES. / DIRECTOR RAMIN FARAHMAND FIG. HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 VP/SEC./DIRECTOR AMIR AZARPAD FIG. HOLLYWOOD, FLORIDA 33024 VP/SEC./DIRECTOR AMIR AZARPAD FIG. HOLLYWOOD, FLORIDA 33024 OFFICER AGUSTIN PERRET-GENTIL FIG. HOLLYWOOD, FLORIDA 33024 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section (05.0203 (1/16)), Florida Statutes. I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155, F.S. | | HOLLYWOOD. | | Florida 33024 | |
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| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: PRES. / DIRECTOR RAMIN FARAHMAND FIOO HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 VP/SEC/DIRECTOR AMIR AZARPAD FIOO HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 VP/SEC/DIRECTOR AMIR AZARPAD FIOO HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1/16). Florida Statutes. I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155. F.S. | and accept the obligation | s of my position us reg | 1 | | |
| Title or Capacity: Name and Address: Title or Capacity: Name and Address: PRES. / DIRECTOR | | V | | | |
| VP/SEC/DIRECTOR AMIR AZARPAD 6100 HOLLYWOOD BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (V) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155, F.S. | - | | - | | |
| VP/SEC/DIRECTOR AMIR AZARPAD 6100 HOLLYWOOD, FLORIDA 33024 OFFICER AGUSTIN PERRET-GENTIL 6100 HOLLYWOOD, BLVD, STE 525 HOLLYWOOD, FLORIDA 33024 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in th jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of Statu constitutes a third degree felony as provided for in s.817.155, F.S. | PRES. / DIRECTOR | | | FO/DIRECTOR | |
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| submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | jurisdiction under the law | of which it is organized | | | |
| | | | | | |
| PARLOS N. HERNANDEZ, MBR | | | Signature of an auth | • | |

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMF 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-EIGHTH DAY OF NOVEMBER, A.D. 2017.

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

6615679 8300

SR# 20177272149 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203642707

Date: 11-28-17