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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 953825 7791658

AUTHORIZATION :

COST LIMIT : \$ 125.00

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ORDER DATE: December 12, 2017

ORDER TIME : 2:37 PM

ORDER NO. : 953325-025

CUSTOMER NO: 7791658

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### FOREIGN FILINGS

NAME: OPORTUN FUNDING VI, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

то:		ation Section 1 of Corporation	s			
SUBJ		ortun Funding VI	, LLC			
00170				imited Liability (	Сотралу	
The er Existe	nclosed "A nce, and cl	pplication by Fon neck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate o company to transact business in Florid
Please	return all	correspondence c	oncerning this matter to the	following:		
		Pamela Lujan				
			Na	ame of Person		
		Oportun, Inc.				
			Fir	тп/Сопралу		
		1600 Seaport B	lvd. Suite 250			
				Address		
		Redwood City,	CA 94063			
		<u> </u>	City/St	tate and Zip Code		<del></del>
		scott.harvey@op	ortun.com			
	•	••••	E-mail address: (to be used	for future annual	report not	ification)
For fu	rther infor	mation concernin	g this matter, please call:			
	Pamela	Lujan		650 at (	743867	7
		Name o	f Contact Person	Area Code	Day	time Telephone Number
	Divisio Registr P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding centive Center Circle ee, F1, 32301
Enclo		eck for the follow 5,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 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:

(if name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liabi	hty Company," "L.L.C," or "LLC.")
2. Delaware	, , ,	3. 82-0652081	
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)		r, it applicable)
4			
4	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deten	o registration )	<del></del>
5 1600 Seaport Blvd. St		6. 1600 Seaport Blvd. Suite 25	0
(Street Address of	Principal Office)	(Mailing Addre	ts)
Redwood City, CA 94	063	Redwood City, CA 94063	
			<u> </u>
<ol><li>Name and street addre</li></ol>	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	は
Name:	Corporation Service Company		
	1201 Hove Stenet		$\omega$
Office Address:	1201 Hays Street		··· 곳 (
	Tallahassee	, Florida <u>32301</u>	<u></u>
Registered agent's accep	(City)	(Zip code)	
	ns of my position as registered agent Corporation Service Company	er and complete performance of my d	Roxanne Turner
	is of my position as registered agent—	Eyanne Quin	Roxanne Turner
and accept the obligation  8. The name, title or cap	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	corporation as registered agent Corporation Service Company By:  (Registered agent	Cayana Dun	Roxanne Turner
and accept the obligation  8. The name, title or cap	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap Title or Capacity:	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap Title or Capacity:	Corporation Service Company  (Registered agent  acity and address of the person(s) who leads to the service of the person of the	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
and accept the obligation  8. The name, title or cap Title or Capacity:	Corporation Service Company  By:  (Registered agent active and address of the person(s) who I  Name and Address:	is signature)  mas/have authority to manage is/are:	Roxanne Turner Asst Vice Preside
8. The name, title or cap Title or Capacity: Sec attached.  (Use attachments if nece 9. Attached is a certificat	corporation as registered agent Corporation Service Company By:  (Registered agent racity and address of the person(s) who I Name and Address:  ssary)  c of existence, no more than 90 days old of which it is organized. (If the certific	nas/have authority to manage is/are:  Title or Capacity:	Roxanne Turner Asst Vice Presider  Name and Address:
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	ssary)  cof existence, no more than 90 days old submitted)	nas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official have ate is in a foreign language, a translation	Name and Address:  ving custody of records in the on of the certificate under oath
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be:	ssary) c of existence, no more than 90 days old of which it is organized. (If the certific submitted) cuted in accordance with section 605.02	nas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official havate is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	ssary)  cof existence, no more than 90 days old submitted)	nas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official havate is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be:	ssary)  cof existence, no more than 90 days old of which it is organized. (If the certific submitted)  cuted in accordance with section 605.02 to the Department of State constitutes at the constitutes at	nas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official havate is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be:	ssary)  cof existence, no more than 90 days old of which it is organized. (If the certific submitted)  cuted in accordance with section 605.02 to the Department of State constitutes at the constitutes at	Inas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official havate is in a foreign language, a translation of the control of the contr	Name and Address:  ving custody of records in the on of the certificate under oath
8. The name, title or cap Title or Capacity: See attached.  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be:	ssary) c of existence, no more than 90 days old of which it is organized. (If the certific submitted) cuted in accordance with section 605.02 to the Department of State constitutes at Signature.	Inas/have authority to manage is/are:  Title or Capacity:  I, duly authenticated by the official havate is in a foreign language, a translation of the control of the contr	Name and Address:  ving custody of records in the on of the certificate under oath

## Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Item 8 – Attachment

#### List of Managers

Raul Vazquez - 1600 Seaport Blvd. Suite 250, Redwood City, CA 94063
Scott Harvey - 1600 Seaport Blvd. Suite 250, Redwood City, CA 94063
Jonathan Coblentz - 1600 Seaport Blvd. Suite 250, Redwood City, CA 94063
Michelle Dreyer – 2711 Centerville Road, Suite 400, Wilmington, DE 19808
Brian Harrison – 103 Foulk Road Suite 200, Wilmington, DE 19808

Page 1



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

DELAWARE, DO HEREBY CERTIFY "OPORTUN FUNDING VI, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPORTUN FUNDING VI, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 203747364

Date: 12-13-17