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. (Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2017

ANIGAIL DIVEROLI 2901 W CYPRESS CREEEK RD STE 101 FORT LAUDERDALE, FL 33309

SUBJECT: USA FUNDING, LLC Ref. Number: W17000099182

We have received your document for USA FUNDING, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00025406

www.sunbiz.org

COVER LETTER

Division of Co	porations			
SUBJECT:	USA	Funding	LLC	
		Name of Limited Li		
The enclosed "Applicat Existence, and check ar	ion by Foreign Limited L e submitted to register the	ability Company for A c above referenced forei	uthorization to Transact Bi gn limited liability compar	usiness in Florida," Certificate of ny to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TO:

Registration Section

Avigori Diveroli Name of Person
USP Finding Lic
2901 W CYPRESS Creek RD Ste 10/
Fort Conclusion FL 33309
E-mail address: to be used for future anomal report noutbeation)

For further information concerning this matter, please call-

Avigori Diverola at 3=5, 799 - 5128 Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS: **Division of Corporations Registration Section** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS;
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount: BS125.00 Filing Fee DS130.00 Filing Fee & Certificate of Status

Certified Copy

D \$155.00 Filing Fee & D \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 405 0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPLIANT TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

USP Funding UC (Name of Foreign Limited Liability Company; must include "Limited Cultility Company." off name unavailable, inter-alternate name adopted for the purpose of transacting business in Florida. The alternate name mail include "Limited Liability Conguny, "TLLEC" or "LLCC" or "LLCC". Dela wore med liability company is organized) (EEE mamber, (Eupplicable)

Houda, if price to registration 3 905, E.S. to determine peralty tiability) 2901 W. CYPrenciet Rd "2901 W. CYPrenciet Rd (Mini Malinus Principal Stars) Ste 101 <u>Ste 101</u> 518 Guilder Gole, FL 33359 <u>Fort Lovderdole, FL 33</u>309 Ste 101 Fort conductorle F

7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name: <u>LAN OFFICE OF Mpffhan</u> troitedi, PB Office Address: <u>2250 SN 300 ANE SVik</u> 205 <u>Miphi</u> (2000da <u>33129</u>

Registered agent's acceptance:

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Having heen named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accent the ablivations of my obsiliant as registered agent.

and accept the obligations of	i ny position as registered agent.		· · · · · · · · · · · · · · · · · · ·	
	14-11ton	Trouch		
· Registered agent's signatures			÷ .	
8. The name title or capacity	y and address of the person(s) who l	has have authority to manage is/are:	SS NO .	···-
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	-
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	Mipmi Beach 12-3	3-3/31		تمعيه.
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(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 oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 1 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.

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Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USA 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-FIRST DAY OF DECEMBER, A.D. 2017.





6637743 8300 SR# 20177702400 You may verify this certificate online at corp delaware.gov/authver.shtml

creary of state

Authentication: 203808817 Date: 12-21-17