MIBOCOCOSZYS

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE	4/4/2018	3		
ENTITY	NAME	GRANITE MOUNTAIN FUNDING, LLC	**W	'ALK IN**
DOCUM	ENT NUM	BER		
		PLEASE FILE THE ATTACHED AND RETURN		
XXXXX	«xx	Plain Copy		
		Certified Copy		
		Certificate of Status		_
		PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	2816	
		Certified Copy of Arts & Amendments		
		Certificate of Good Standing		
		APOSTILLE' / NOTARIAL CERTIFICATION		Lavy wat
		TINATION		
NUMBEI	R OF CERT	TIFICATES REQUESTED		
TOTAL	OWED	\$125.00 CHECK # 4691		
Please	call Tina	at the above number for any issues or concerns. Thank you	a so much;	/

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOILOUING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSICT BUSINESS IN THE SEATE OF FLORIDA:

Granite Mountain Fundi			
(Name of Forei	gn Limited Liability Company; must include "Limited Liability Company," L.J., C., "	or "LL(".")	
If name unavailable, enter alt., jability Company," "L.L.C."	ernnte name adopted for the purpose of transacting business in Florida. The alternate of "LLC.")	iame must inclu-	de "Limited
DELAWARE			
(Jurisdiction under the law (company is organized)	of which foreign limited liability 3. (Ff:1 number, if applicab	ile)	
4. ^{n/a}			
The same of the sa	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)		
	ite 200, Doral FL 33166		
5500 (44 55114 161, 54	(Street Address of Principal Office)		
6.			
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
Name:	NRAI Services. Inc.		
Office Address:	1200 South Pine Island Road		
	Plantation Florida 33324		
	(city)		
designated in this application to comply with the provision to the complete	water. gistered agent and to accept service of process for the above stated limited li- tion. I hereby accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performance of my dua- ty position as registered agent.	this capacity.	I further ag
	NRAI Services, Inc. NRAI Services, Inc. Patricia A. Boverie, Asst.	Secretary	
	(Registered agent's signature)		E
8. The name, title or cana	icity and address of the person(s) who has/have authority to manage is/are:		
-	8200 NW 52nd Ter, Suite 200, Doral, Fl 33166	-2	D :
			ည ဟ
		3.	7.3
9. Attached is a certificate jurisdiction under the law to of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official havi of which it is organized. (If the certificate is in a foreign language, a translation abmitted) Signature of an authorized person	ng custody of a of the certific	records in the cate under out
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felony as provided for in s.8	any false infor 317,155, F.S.	mation
	Tracy Parks		
	It and as agintad agona of cionas		

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GRANITE MOUNTAIN 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 FOURTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANITE MOUNTAIN FUNDING, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2018.

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

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e at corp.delaware.gov/aut

Authentication: 202449531

Date: 04-04-18

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