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Florida Department of State

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## Foreign Limited Liability Company AMERICAN ANNUITY FUNDING LLC

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APR 1 2 2018

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			-			
(If name unavailable, enter alt Liability Company," "L.L.C,"		ie purpose of trai	nsacting business	in Florida. The alternate nam	ie must include "Limited	
Delaware		3	N/A			
(Jurisdiction under the law of company is organized)	of which foreign limited lia	ibility		(FEI number, if applicable)	I	
4. N/A					_	
	(Date first transact (See sections 605.090	ed business in F 04 & 605.0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)		
5. 2263 NW 2nd Ave, S	uite 204, Boca Raton,	FL 33431			-	
	(Street Ad	dress of Princip	al ()ffice)		<del></del>	
6, 2263 NW 2nd Ave, Si			·		_	
0					-	
		(Mailing Addres	s)		_	
7. Name and street addres	s of Florida registered a	gent: (P.O. Be	x <u>NOT</u> accept	able)		
Name:	Anthony Cioppa		1	•••		
Office Address:	2263 NW 2nd Av			_ :		
	Boca Raton			, Florida 33431 (Zip code)	_	
		(City)		(Zip code)		
destanated to this applica	gistered agent and to action, I hereby accept the ons of all statutes relati	e appointment ve to the prope	as registered a	e above stated limited liab gent and agree to act in th e performance of my dutie.	us capacity. I Juriner	agree
		the gistered a	gent ( signature)		9	<u>}</u>
	· · · · · · · · · · · · · · · · · · ·		haa/haasa asseka	rity to manage iclare:	<b>∞</b> ♣	)3S
8. The name, title or capa					PR	<u> </u>
Anthony Cioppa, M	ember, 2263 NVV	Zno Ave, Si	JILE ZU4, DU	ca Raton, FL 33431		
					<b>II</b>	5 S S
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized	han 90 days old	d, duly authenticate is in a fore	cated by the official having gn language, a translation of	custody of records in of the certificate inder	A A A A A A A A A A A A A A A A A A A
		Signature of an	anthorized person	n.		
This document is executed submitted in a document t	d in accordance with sec o the Department of Stat	tion 605.0203 te constitutes a	(1) (b), Florida third degree fe	Statutes, I am aware that autony as provided for in s.81	ny false information 7.155, F.S.	
	Anthony Cioppa					

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMERICAN ANNUITY 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 TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN ANNUITY FUNDING LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

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

and delaware sov/auth

Authentication: 202487206

Date: 04-10-18

6310250 8300

SR# 20182580707

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