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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nam	20)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

O U <b>BJECT</b> :	utside Financial,	LLC			
object		Name of	Limited Liability C	Company	
					ansact Business in Florida," Certifica y company to transact business in Fl
ase return al	l correspondence	concerning this matter to the	following:		
	S. Amspacher				
		N	ame of Person		
	Harbor Compl	iance			
		Fi	irm/Company		
	1830 Colonial	Village Lane			
			Address	· · · · · · · · · · · · · · · · · · ·	
	Lancaster, PA	17603			
		City/S	tate and Zip Code		
	filing@harborco	·			
		E-mail address: (to be used	d for future annual	report not	tification)
r further info	rmation concerning	ng this matter, please call:			
S. Am	nspacher		717 at (	723-93 )	17
	Name	of Contact Person	Area Code	Day	ytime Telephone Number
Divisio	LING ADDRESS on of Corporation			Division	<u>FADDRESS:</u> of Corporations
_	ration Section Box 6327			Registrat Clifton B	ion Section Building
	assec, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301
	heck for the follow	_			
<b>■ \$</b> 12	25.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

13813 Village Mill Drive, Ste Greet Address of Principal Off Midlothian, VA 23114  Name and street address of Floring Name: Regist	e first transacted business in Florida, if prins sections 605,0904 & 605,0905, F.S. to de G  G  ffice)  orida registered agent: (P.O. Intered Agents Inc.  N. Rocky Point Dr. STE 1507  (City)  A agent and to accept service	or to registration.) termine penalty liability) 6. 2420 La Jo Box NOT accept	) Torrey Pines Road, (Mailing Ad olla, CA 92037		
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•	(Registered age	rai's signature)			
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The name, title or capacity and Title or Capacity:			<del>-</del>	<b>3</b> 7	
·			Capacity:	Name and Address:	
Member/Manager	Jon Friedland	Membe	<u> </u>	Shaiza I	
	0150 D   0 DITO				oadway, Ste Pl ork, NY 10023
	2150 Broadway, Ste PH2/			NEW I	JIK, N I 10023
	2150 Broadway, Ste PH2/ New York, NY 10023				
Member/Manager	New York, NY 10023		er/Manager	Christor	sher McGregor
Member/Manager		Membe	er/Manager		pher McGregor ay St., #2

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 "OUTSIDE FINANCIAL, 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 EIGHTEENTH DAY OF JULY, A.D. 2018.



Jeffrey W Bullock, Secretary of State

Authentication: 203083321