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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number     : (850)617-6383

From:
        Account Name   : C T CORPORATION SYSTEM
        Account Number : FCA000000023
        Phone          : (614)280-3338
        Fax Number     : (954)208-0845

    **Enter the email address for this business entity to be used for future
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Foreign Limited Liability Company
OTF Franchisor, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

2-5-19

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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:

1. OTF Franchisor, LLC
   (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. Delaware
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
   (FEI number, if applicable)

4. N/A
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6000 Broken Sound Parkway NW
   (Street Address of Principal Office)
   Ste 200
   Boca Raton, FL 33487

6. _____
   (Mailing Address)

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

   Name: C T Corporation System

   Office Address: 1200 South Pine Island Road

                    Plantation   , Florida 33324
                    (City)   (Zip code)

Registered agent's acceptance:
Having been 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 accept the obligations of my position as registered agent.

By: C T Corporation System **Angel Shearer** Assistant Secretary
    (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	OTF Funding, LLC		
	6000 Broken Sound Parkway NW, Ste 200		
	Boca Raton, FL 33487		

(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. I 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.

_____
(Signature of an authorized person)

Courtney L. Seely , General Counsel
(Typed or printed name of signee)

CR2E047 - 4/30/2017 Website filed Online

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OTF FRANCHISOR, 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 FIRST DAY OF FEBRUARY, A.D. 2019.

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

7186539 8300

SR# 20190680272

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

Authentication: 202190008

Date: 02-01-19