

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (988) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
OPULENCE FUNDING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

State and Local 0102

2019 MAY 17 AM 7:24
FILED

**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. Optulence Funding LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. NEW JERSEY 3. 82-1894767
(Jurisdiction under the laws of which foreign limited liability company is organized) (FID Number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, or prior to registration)
(See Section 605.0901 & 605.0905, F.S. to determine priority liability)

5. 500 N. Franklin Turnpike Suite 303 6. 500 N. Franklin Turnpike Suite 303
(Street Address of Principal Office) (Mailing Address)

Ramsey, NJ 07446 Ramsey, NJ 07446

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name: _____

Office Address: 155 Office Plaza Drive, 1st Fl.

TALLAHASSEE 32301
(City) , Florida (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 to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jointly and severally and accept the obligations of my position as registered agent.

(Signature of Registered Agent)

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2019 MAY 17 AM 7:24
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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:

AMBR

Christopher John Mitchell

500 N. Franklin Turnpike Suite 303 , Ramsey, NJ 07446

AMBR

Ursula Vanessa Mitchell

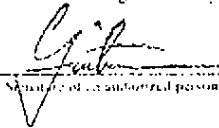
500 N. Franklin Turnpike Suite 303 , Ramsey, NJ 07446

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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. 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 authorized person

Christopher John Mitchell

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

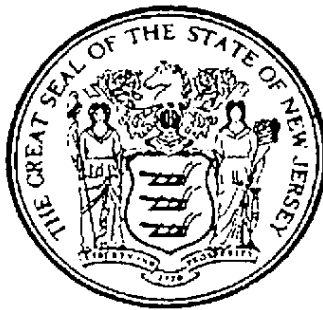
**OPULENCE FUNDING LLC
0450177423**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 19, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

URSULA MITCHELL
500 N. FRANKLIN TURNPIKE
SUITE 303
RAMSEY, NJ 07446



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of May, 2019.

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6097376329

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCer/JSP/Verify_Cert.jsp