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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
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19 JUL 19 PM 4:29
TALLAHASSEE, FLORIDA

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
Emerald Capital Lending III, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Emerald Capital Lending III, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine entity liability)

5. 1140 Reservoir Avenue
(Street Address of Principal Office)

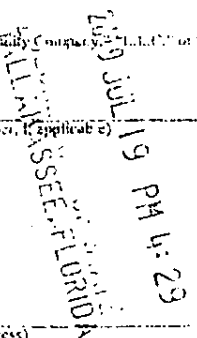
Cranston, Rhode Island 02920

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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.

(Registered agent's signature) Mark Holloway, Asst. Secretary



8. For initial indexing purposes, list names, title or capacity and addresses of the primary member/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

Manager Name: James A. Procaccianti
 Member Address: 1140 Reservoir Avenue
 Authorized Cranston, Rhode Island 02920
 Person
 Other

Title or Capacity: Name and Address:

Manager Name: Gregory D. Vickowski
 Member Address: 1140 Reservoir Avenue
 Authorized Cranston, Rhode Island 02920
 Person
 Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other _____

TALLAHASSEE, FLORIDA
 2019 JUL 19 PM 4: 29

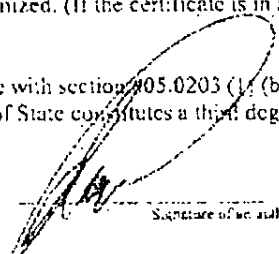
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 905.0203 (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.317.155, F.S.



Signature of the authorized person

James A. Procaccianti, Manager

Typed or printed name of signor

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERALD CAPITAL LENDING III, 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 NINETEENTH DAY OF JULY, A.D. 2019.

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

TALLAHASSEE, FLORIDA
2019 JUL 19 PM 4:29



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20196064573

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

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