

MP1900000325

Division of Corporations
Florida Department of State
Business and Corporate Services
Tallahassee, Florida

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From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gautamc2112@gmail.com

**Foreign Limited Liability Company
LS SPV I LLC**

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AUG 28 2019

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

IN COMPLIANCE WITH SECTION 605.091, FLORIDA STATUTES, THE FOLLOWING IS A LIMITED LIABILITY COMPANY AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LS SPV LLC

(Name of foreign limited liability company; omit words "Limited Liability Company," "LLC," or "LLP")

(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 "LLP")

2. Delaware

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

84-2763617

(FEI number, if applicable)

4. Upon Qualification(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)5. 14 NE 1st Avenue 1401, Miami, Florida 33132

(Street Address of Principal Office)

6. 14 NE 1st Avenue 1401, Miami, Florida 33132

(Mailing Address)

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

Name

Business Filings Incorporated

Office Address:

1200 South Pine Island RoadPlantation

(City)

Florida 33324

(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.(Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated

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

Member: LS Originations LLC, 14 NE 1st Avenue 1401, Miami, Florida 33132

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.)

Signature of an authorized person

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.

Gautam Choudhary

(Typed or printed name of signer)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LS SPV 1 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 TWENTIETH DAY OF AUGUST, A.D. 2019.

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

ALL ASSESSED
2019 AUG 27 PM 4:44
FLORIDA



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SR# 20196614071

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203440860

Date: 08-20-19