## M22000008673

| (Re                                     | questor's Name)   | <u> </u>     |  |  |  |
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FALLAHASSEE, FLORI

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JUN - 3 2022 K. Brumbley CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 7066697 8381583

AUTHORIZATION : WILL BELL MAY

COST LIMIT : \$ 125.00

ORDER DATE : May 25, 2022

ORDER TIME : 5:13 PM

ORDER NO. : 706669-010

CUSTOMER NO: 8381583

FOREIGN FILINGS

NAME: NOVO FUNDING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Novo Funding LLC

| name unavailable, enter alternate                                                    | name adopted for the purpose of transacting business in F                                                     | londa, The     | alternate name must include "Limited Liah | oility Company," "                    | L.C. or     | TLLC. I         |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------------|-------------|-----------------|
| (Jurisdiction under the law of which foreign limited liability company is organized) |                                                                                                               | 3.             | 8802240814 3. (FEI number, if applicable) |                                       |             |                 |
|                                                                                      |                                                                                                               |                |                                           |                                       |             |                 |
| May 10, 2022                                                                         |                                                                                                               |                |                                           |                                       |             |                 |
|                                                                                      | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 &: 605,0905, F.S. to determ | registration   | liability)                                |                                       |             |                 |
| 78 SW St, Miami, Ft. 33130                                                           |                                                                                                               | ,              | 0                                         |                                       |             |                 |
| reet Address of Principal Office)                                                    |                                                                                                               | 6.             | (Mailing Address)                         |                                       |             | _               |
|                                                                                      |                                                                                                               |                |                                           |                                       |             |                 |
|                                                                                      |                                                                                                               |                |                                           |                                       |             | _               |
|                                                                                      |                                                                                                               |                |                                           |                                       |             |                 |
|                                                                                      |                                                                                                               |                |                                           |                                       |             |                 |
|                                                                                      |                                                                                                               |                |                                           |                                       | 20          | _               |
| Name and street addre                                                                | ss of Florida registered agent: (P.O. Bo                                                                      | k <u>NOT a</u> | acceptable)                               | ————————————————————————————————————— | 2022 J      | _               |
| Name and street addre                                                                | ss of Florida registered agent: (P.O. Box                                                                     | k <u>NOT</u> a | acceptable)                               |                                       | 2022 JUN    | <del>- 11</del> |
|                                                                                      | ss of Florida registered agent: (P.O. Box  Corporation Service Company                                        | k <u>NOT</u> a | acceptable)                               |                                       | 2022 JUN -3 | -<br>FILI       |
| Name and street addre                                                                | _                                                                                                             | x <u>NOT</u> a | acceptable)                               |                                       | ပ်          | - FILED         |
| Name:                                                                                | _                                                                                                             | x <u>NOT</u> a | acceptable)                               |                                       | -3 PM       | FILCO           |
|                                                                                      | Corporation Service Company                                                                                   | x <u>NOT</u> a | acceptable)                               |                                       | ပ်          | FILCD<br>AND    |
| Name:                                                                                | Corporation Service Company                                                                                   | x <u>NOT</u> a | acceptable)  32301                        |                                       | -3 PM       | FILED           |

| Title or Capacity:                                                                                          | Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title or Capacity:                                                              | Name and Address:                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| □Manager                                                                                                    | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Manager                                                                        | Name: Tyler McIntyre                                                                                                                                |
| □Member                                                                                                     | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □Member                                                                         | Address:                                                                                                                                            |
| □Authorized                                                                                                 | Miami, FL 33130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Authorized                                                                     | Miami, FL 33130                                                                                                                                     |
| Person                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Person                                                                          |                                                                                                                                                     |
| ■Other                                                                                                      | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | President President                                                             | Other                                                                                                                                               |
| □Manager                                                                                                    | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Manager                                                                        | Name: Kevin Phillips                                                                                                                                |
| □Member                                                                                                     | Address: 78 SW 7t St. 8th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Member                                                                         | Address: 78 SW 7t St. 8th Floor                                                                                                                     |
| □Authorized                                                                                                 | Miami, FL 33130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Authorized                                                                     | Miami, FL 33130                                                                                                                                     |
| Person                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Person                                                                          |                                                                                                                                                     |
| General<br>■Other                                                                                           | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ■Other                                                                          | dent Other                                                                                                                                          |
| Counsel                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                     |
| □Manager                                                                                                    | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Manager                                                                        | Name:                                                                                                                                               |
| □Member                                                                                                     | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □Member                                                                         | Address:                                                                                                                                            |
| □Authorized                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Authorized                                                                     |                                                                                                                                                     |
| Person                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Person                                                                          |                                                                                                                                                     |
| Other                                                                                                       | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Other                                                                          | Other                                                                                                                                               |
| indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i | se an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, or elaw of which it is organized. (If the certificate is the submitted)  s executed in accordance with section 605.020, ment to the Department of State constitutes a thing the Decar State of State constitutes a thing of State constitutes a thing of State constitutes as the Decar State of State o | orida Department of State duly authenticated by the e is in a foreign language. | Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information. |

Typed or printed name of signee

Samuel Davidson, General Counsel

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOVO FUNDING 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 TWENTY-FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVO FUNDING LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2022.

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



Authentication: 203517544

Date: 05-25-22