## State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF AUTHORITY OF SMART PAYMENT PLAN, LLC

File Number W 145419

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 17, 2014



Ben yeura

SECRETARY OF STATE

#### APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

### FILED EFFECTIVE

2014 DEC 17 AM 11: 55

SECRETARY OF STATE

(Instructions on back of application)

1.	The name of the limited liability company is:			OF IDAHO"	
	SMART Payment Plan, LLC				
2.	If the name of the limited liability company is not permissible or is not available in Idaho, t name the foreign limited liability company will use in Idaho is:				
3.	The jurisdiction under whose laws th	sdiction under whose laws the limited liability company is formed			
Į.	. The name and complete street address of the registered agent in Idaho is:				
	InCorp Services, Inc.	1524 S. Vista Av	e, Suite 12, Boise, ID 83705		
5.	The street and mailing address of the limited liability company's principal office is:  999 Vanderbilt Beach Rd, Suite 200, Naples, FL 34108  Street Address				
6.	Mailing Address, if different  The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:				
	999 Vanderbilt Beach Rd, Suite 200, Naples, FL 34108 Street Address				
7.	Mailing Address, if different  The name and mailing address of at least one member or manager:				
	David W. Engelman	54 Rainey St., #	922, Austin, TX 78701		
3.	The mailing address for future correspondence:				
	999 Vanderbilt Beach Rd, Suite 200, Na	ples, FL 34108	····		
9.	Signature of a manager, member or	authorized		use only ARY OF STATE	

David W. Engelman

Typed Name

CK:1444 CT:304247 BH:1453393 10 100.00 = 100.00 REGFORGLLC #2 16 20.00 = 20.00 EXPEDITE C #3

W145419

# State of Florida Department of State

I certify from the records of this office that SMART PAYMENT PLAN, LLC, is a limited liability company organized under the laws of the State of Florida, filed on September 27, 2012, effective September 24, 2012.

The document number of this company is L12000124183.

I further certify that said company has paid all fees due this office through December 31, 2014, that its most recent annual report was filed on January 2, 2014, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of December, 2014



Ken Defrance
Secretary of State

Authentication ID: CU7556872607

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html