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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 JUL 21 PM 1:36

**Certificate of Authority**  
**FOREIGN Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: <b>Magna Life Settlements, Inc.</b>		
2. It is incorporated under the laws of: <b>Florida</b>		
3. The name, if different, which it elects to use in Rhode Island is:  (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: <b>1/28/1988</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>805 Las Cimas Parkway, Suite 350 Austin, TX 78746</b>		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name <b>Corporation Service Company</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED** ✓  
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 BY CU 279591

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Life/Viatical settlement provder

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Jeffrey Serra	805 Las Cimas Parkway, Suite 350 Austin, TX 78746
Daniel Young	805 Las Cimas Parkway, Suite 350 Austin, TX 78746
Chris Munson	805 Las Cimas Parkway, Suite 350 Austin, TX 78746

Check the box to indicate an attachment.

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Daniel Young	805 Las Cimas Parkway, Suite 350 Austin, TX 78746
VICE PRESIDENT	Valerie Coffey	805 Las Cimas Parkway, Suite 350 Austin, TX 78746
TREASURER	Chris Munson	805 Las Cimas Parkway, Suite 350 Austin, TX 78746
SECRETARY	Edna Ayala	805 Las Cimas Parkway, Suite 350 Austin, TX 78746

Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
7500	Common		\$1.00

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

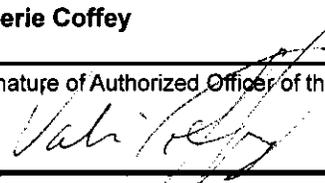
\$ 0 \_\_\_\_\_

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ 0 \_\_\_\_\_

(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

0 \_\_\_\_\_%

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.  <div style="text-align: center;">\$ <u>16,000,000</u></div>	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.  <div style="text-align: center;">\$ <u>100,000</u></div>
(c) Estimate, <b>as a percentage</b> , the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>  <div style="text-align: center;"><u>0.60</u> %</div>	
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONLY ONE BOX</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer <b>Valerie Coffey</b>	Date <b>7/14/2016</b>
Signature of Authorized Officer of the Corporation  <div style="float: right; text-align: center;">SIGN DOCUMENT HERE</div>	

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.**

# *State of Florida*

## *Department of State*

I certify from the records of this office that MAGNA LIFE SETTLEMENTS, INC. is a corporation organized under the laws of the State of Florida, filed on January 28, 1988.

The document number of this corporation is K13117.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 27, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fourteenth day of July, 2016*



*Ken Detzner*  
**Secretary of State**

Tracking Number: CU5373619756

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

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

