

M22000050370 2040

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 819-3588

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

2022 FEB -8 PM 2:25

2022 FEB -8 PM 6:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Foreign Limited Liability Company  
e-Commerce Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. e-Commerce Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Aggregator Funding Portfolio LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 1290 Weston Road, Suite 306 (Street Address of Principal Office)
6. 1290 Weston Road, Suite 306 (Mailing Address)
Weston, Florida 33326 Weston, Florida 33326

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

Name: Vcorp Services, LLC
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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2022 FEB - 8 PM 6: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jay [Signature]

(Registered agent's signature)

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

**Title or Capacity:**                    **Name and Address:**

Manager            Name: SellersFunding Corp  
 Member             Address: c/o SellersFunding  
 Authorized        1290 Weston Rd, Suite 306  
 Person                          Weston, FL 33326

Other \_\_\_\_\_                     Other \_\_\_\_\_

**Title or Capacity:**                    **Name and Address:**

Manager            Name: Jose Ricardo Pero  
 Member             Address: 239 NW 107 Ave  
 Authorized        Pembroke Pines, Florida 33026  
 Person

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager            Name: Fabio Davi Knijnik  
 Member             Address: 2548 Eagle Run Dr  
 Authorized        Weston, Florida 33327  
 Person

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager            Name: Maurella van der Ree  
 Member             Address: 109 NW 133rd Ave, Unit 104  
 Authorized        Plantation, FL 33325  
 Person

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_  
 Member             Address: \_\_\_\_\_  
 Authorized        \_\_\_\_\_  
 Person

Other \_\_\_\_\_                     Other \_\_\_\_\_

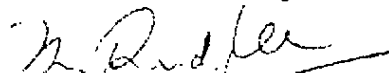
Manager            Name: \_\_\_\_\_  
 Member             Address: \_\_\_\_\_  
 Authorized        \_\_\_\_\_  
 Person

Other \_\_\_\_\_                     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 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Maurella van der Ree  
 \_\_\_\_\_

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E-COMMERCE SOLUTIONS 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "E-COMMERCE SOLUTIONS LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2019.

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



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

7355758 8300

SR# 20220393211

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202591050

Date: 02-07-22