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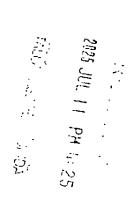
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	07/11/2025	
	Delijah Showers	_
Reference #:	2022605	<u></u>
Entity Name:	SSB-ISPC FUN	DING COMPANY, LLC
✓ Article	es of Incorporation/Authorizatio	n to Transact Business
☐ Amen	dment	
☐ Chang	ge of Agent	
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☐ Fictition	ous Name	
Other		
Authorized A	.mount: \$125	
	Velijah Showers	

COVER LETTER

-	TO:		ion Section of Corporations			
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certifice Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certifice Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certifice Existence, and check are submitted to the following: Jill A. Matarese	CHID IE	SSB-ISPC Funding Copmany, LLC				
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl. Please return all correspondence concerning this matter to the following: Jill A. Matarese	SUBJE		Name of Limited Liability Company			
Sill A. Matarese Name of Person c/o Global Securitization Services, LLC Firm/Company 68 South Service Road, Suite 120 Address Melville, NY 11747 City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S160.00 Filing Fee. Cert	The end Existen	closed "App	dication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the submitted to register the above referenced foreign limited liability company to transact business in Florida			
C/o Global Securitization Services, LLC Firm/Company 68 South Service Road, Suite 120 Address Melville, NY 11747 City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese Name of Contact Person Area Code MalLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S160.00 Filing Fee, Cert	Please	return all co	rrespondence concerning this matter to the following:			
C/o Global Securitization Services, LLC Firm/Company 68 South Service Road, Suite 120 Address Melville, NY 11747 City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese Name of Contact Person Area Code MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S160.00 Filing Fee, Cert			Jill A. Matarese			
Firm/Company		_	Name of Person			
Melville, NY 11747	c/o Global Securitization Services, LLC					
Melville, NY 11747 City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese at (631) 930-7230 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Cert		_	Firm/Company			
Melville, NY 11747 City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese at (631 930-7230 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Center Cente	68 South Service Road, Suite 120					
City/State and Zip Code jmatarese@gssnyc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese						
Jill A. Matarese at (631) 930-7230						
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill A. Matarese			City/State and Zip Code			
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Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\begin{array}{c} \text{S125.00 Filing Fee} \equiv \text{S160.00 Filing Fee}, \text{Cert} \text{Cert} \text{S160.00 Filing Fee}, \text{Cert} \tex	roriur	ther inform				
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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: SSB-ISPC Funding Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") (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 "LL.C.") Delaware (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904-& 605-0905, F.S. to determine penalty liability) 68 South Service Road, Suite 120 68 South Service Road, Suite 120 (Street Address of Principal Office) (Mailing Address) Melville, NY 11747 Melville, NY 11747 7. Name and street address of Florida registered agent: (P.O. Box NOT_acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee (City) 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.

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:	Title or Capacity	y: Name and Address:
Manager	Name: Jill A. Matarese	☐ Manager	Name: Kevin J. Corrigan
Member	Address:68 South Service Road	☐ Member	Address: 68 South Service Road
⊠Authorized	Suite 120	⊼] Authorized	Suite 120
Person	Melville, NY 11747	Person	Melville, NY 11747
Other	Other	Other	Other
Manager	Name:	∐ Manager	Name:
Member	Address:	∐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
∐Manager	Name:	☐ Manager	Name:
Member	Address:	_] Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	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.

July Maranese
Signature of an authorized person
Jill A. Matarese
Typed or printed name of signee

ì

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "SSB-ISPC FUNDING COMPANY, 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 ELEVENTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSB-ISPC FUNDING COMPANY, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State

C. B. Sancher

Authentication: 204175546

Date: 07-11-25