F1000000 3026

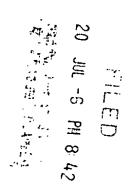
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer: Ido Received Celt.					
W2-40703					

Office Use Only



700345636957

06/09/20--01026--003 **87.50



COVER LETTER

	tration Section ion of Corporations					
SUDJECT.	Alternative Funding Gr	оир Согр.				
SUBJECT.	Na	me of corporation	- must include suffix			
Dear Sir or M	iadam:					
"Certificate o	"Application by Foreig f Existence," or "Certif ced foreign corporation	icate of Good Stan	Authorization to Transact ding" and check are submess in Florida.	Business in Flo nitted to register	rida," the	
Please return	all correspondence con-	cerning this matter	to the following:			
Alexis Concep	cion					
		Name of	Person			
Alternative Fi	anding Group Corp.					
		Firm/Com	pany			_
1000 NW 65th	ST Unit 300B					
****		Addre	ess			
Ft. Lauderdale	, FL 33309				<u>ں</u>	
		City/State a	nd Zip code	1		111
admin@altfun	dinggroup.com			<u> </u>	GΣ.	{
	E-mail ad	dress: (to be used t	for future annual report no	otification) 🕶	- 22	
For further information concerning this matter, please call:			call:		PH 8: 42	
Alexis Concep	ocion	305 at (308-9202		2	
Nam	ne of Person	Area Cod	e Daytime Telepho	one Number	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	-	A DEPARTMENT	*OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified C	of Sta	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Alternative Fundi	ng Group Corp.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
Alt Funding Gro	oup Corp.			
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transactir	ng business in Florida)	
2. Delaware	3.	84-2930484		
	e or country under the law of which it is incorporated) (FEI number, if applicable)		pplicable)	
4. 08/23/2019	5			
	of incorporation)	(Date of duration, if other	than perpetual)	
6.				
o	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Torida, if prior to registration)	itul	
1000 NW 65th St	·	z, 1.3., to determine penany naon	ny)	
7	Unit 300B, Ft. Lauderdale, FL 33309 (Principal office	street address)	2 2	
	(Timespar office	<u> </u>	6 J	
	(Current training)	address, if different)		
C N		Un. NOT annutable)	F	
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	.º. ⊋. □	
Name:	Alexis Concepcion		<u>.</u>	
Office Address:	1381 SE 20th Rd	<u> </u>	# 12	
	Homestead	Florida 33035		
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Alexis Concepcion Name: □ Chairman Chairman 🔳 Name: _____ 1381 SE 20th Rd Address: ☐ Vice Chairman ☐ Vice Chairman Address: Homestead, FL 33035 □ Director □ Director ☐ President □ President ☐Vice President □ Vice President □ Secretary □Treasurer □ Secretary []]Treasurer Other ____ ☐Other ______ Other ____ □Other _____ Name: _____ Chairman □ Chairman Name: Address: □Vice Chairman Address: □Vice Chairman □ Director Director □President ☐ President □Vice President _____ □Vice President □ Treasurer ☐ Secretary ☐ Secretary □Other _____ □ Other _____ □Other Name: □ Chairman □ Chairman Name: ☐ Vice Chairman □Vice Chairman Address: Address: _ Director □ Director □President □ President □Vice President _ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Alexis Concepcion CEO



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

DELAWARE, DO HEREBY CERTIFY "ALTERNATIVE FUNDING GROUP CORP." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTERNATIVE FUNDING GROUP CORP." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2019.

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



Authentication: 203194214

Date: 06-29-20



June 16, 2020

ALEXIS CONCEPCION ALTERNATIVE FUNDING GROUP CORP. 1000 NW 65TH ST UNIT 300B FT LAUDERDALE, FL 33309 US

SUBJECT: ALT FUNDING GROUP CORP.

Ref. Number: W20000060703

We have received your document for ALT FUNDING GROUP CORP. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 620A00011859

RECEIVED
JUL 0 6 2020