

L020000021001

Charter Number Only

VALIDATION ONLY

Requestor's Name
Russell D. Kaplan, Esq.
Address
750 SE 3RD AVENUE #100
City
Ft Lauderdale, FL 33316
State
ZIP
954 Phone
763-7777

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CORPORATION(S) NAME

Structured Asset Funding, LLC

RECEIVED
02 AUG 16 AM 9 22
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

FILED

02/10/16 PM 1:49
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>LLC</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk-In | <input checked="" type="checkbox"/> Pick Up | |

Examiner	DOC
Name	
Inspector Availability	DOC
Document	
Inspector Examiner	DOC
Verifier	
Updater	
Acknowledgement	DOC
Verifier	
P. Verifier	DOC
Acknowledgment	
W.P. Verifier	

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**ARTICLES OF ORGANIZATION FOR
STRUCTURED ASSET FUNDING, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: Structured Asset Funding, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1250 East Hallandale Beach Boulevard, Suite 406, Hallandale, Florida 33009

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are: Michael Asseff, 1250 East Hallandale Beach Boulevard, Suite 406, Hallandale, Florida 33009

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

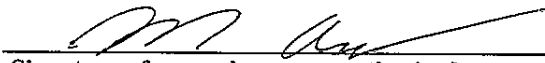


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Michael Asseff

Typed or printed name of signee

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