L11000125633

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Wrong 542+U+6				

Office Use Only



500279504485

12/02/15--01006--024 **25.00

SECRETARY OF STATE

JAN 2 2 2016

9 444 004



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2015

EMAD SULTANEM 5110 W. PLATT STREET TAMPA, FL 33609

SUBJECT: STRUCTURED FUNDING CAPITAL, LLC

Ref. Number: L11000125633

We have received your document for STRUCTURED FUNDING CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00025342

COVER LETTER

Registration Section

TO:

Divisio	on of Corporations			
CUD IFOT	SIDUCTOR	Euro mil	CAD	لـــــــــــــــــــــــــــــــــــــ
SUBJECT: _	STRUCTURED (Name	e of Limited Liability C	ompany)	<u> </u>
•	(11411)	e or Emmed Endomy C	ompany)	
		•		
The enclosed A	rticles of Dissolution and fee(s) a	are submitted for filing.		
Please return al	l correspondence concerning this	matter to the following:	:	
	EMAS	<		
		SULTAW (Name of Person)		
		(Name of Person)		
		(Firm/Company)		
	5110 W	PLATT	T2	
		(Address)		
		1- 1	77 / - 4	
	TAMPA	(City/State and Zip Cod	<u> </u>	
		(City/State and Esp Cou		
Dan Gustan info		Jagas pally		
For further into	rmation concerning this matter, p	nease can.		
En	/A		46 . 22	L Gran
	(Name of Person)	at (<u>6.4</u>	Area Code & Daytim	e Telephone Number)
	,			
Enclosed is a che	eck for the following amount:			
\$25.00	Filing Fee and Certificate of Dissolu			cate of Dissolution &
2 L1 10 L	ALREMAY SENT	Cert	tified Copy (addition	al copy is enclosed)
_	MERCHAN DAILING			
	-		empret/col	IDIED ADDDECC.
	MAILING ADDRESS:		Registration Se	JRIER ADDRESS:
	Registration Section Division of Corporations		Division of Con	
	P.O. Box 6327		Clifton Buildin	
	Tallahassee, FL 32314		2661 Executive	
	. a.i.a.i.a.ooo, 1 & 02017		Tallahassee, FL	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	STRUCTURED FUNDING CAPITAL, LIC
2.	The Articles of Organization were filed on and assigned
	document number <u>L 11 000 125633</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	UPON THE WENTEN CONSUNT OF ALL THE METROES
	012 7140 LCC
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	•
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and led above to wind up the company's activities and affairs:
	[Jultan] EMAD SULTANEM
	Signature Printed Name
	FILING FEE: \$25.00