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SUFFICIENCY OF FILING

DEPARTMENT OF STATES

ACCOUNT NO. : 12000000195 REFERENCE : 418343 AUTHORIZATION : COST LIMIT : ORDER DATE: December 11, 2014 ORDER TIME : 9:11 AM ORDER NO. : 418343-010 CUSTOMER NO: 5019636 ARTICLES OF MERGER MOMENTUM FUNDING, LLC INTO MOMENTUM FUNDING, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXAMINER'S INITIALS:



December 15, 2014

RESUBMIT

Please give original submission date as file date.

CSC

ATTN: COURTNEY WILLIAMS

SUBJECT: MOMENTUM FUNDING, LLC

Ref. Number: L14000152133

We have received your document for MOMENTUM FUNDING, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

ON THE LAST PAGE OF YOUR DOCUMENT, AT THE TOP OF THE PAGE, IT GIVE YOU FOUR CHOICES TO CHECK. THE BOX THAT WAS CHECKED IS FOR A FLORIDA LLC TO BE THE SURVIVOR. PLEASE SELECT THE FOURTH BOX AND ADD THE MAILING ADDRESS AS INSTRUCTED.

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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 614A00026447

DEPARTMENT OF STATE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJ	JECT: MOMENTUM FUNDING, I	LC				
5020	Name of Surviving Party					
The e	nclosed Certificate of Merger and fee(	s) are submitted	for filing.			
Please	e return all correspondence concerning	this matter to:				
ELIZ	ZABETH PEKIN					
	Contact Person					
m	omeratum					
	Firm/Company					
7700	<b>CONGRESS AVENUE, SUITE 321</b>	2				
<del></del>	Address					
BOC	A RATON, FL 33487					
-	City, State and Zip Code	····				
epeki	in@momentumfunding.com					
	E-mail address: (to be used for future annual	report notification)				
For fu	orther information concerning this matt	er, please call:				
ELIZ	LABETH PEKIN	at ( <u>847</u> )	682-7419			
	Name of Contact Person	Area Code	Daytime Telephone Number			
<u> </u>	Certified copy (optional) \$30.00					
STRE	EET ADDRESS:	MAULI	NG ADDRESS:			
	Amendment Section Amendment Section		- · · · · · · · · · · · · · · · · · · ·			
	ion of Corporations	Division of Corporations				
	n Building	P. O. Bo				
2661	Executive Center Circle	Tallahas	see, FL 32314			
Tallah	nassee, FL 32301					

## Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type
MOMENTUM FUNDING, LLC	FLORIDA	Limited Liability Company
MOMENTUM FUNDING, LLC	DELAWARE	Limited Liability Company
SECOND: The exact name, form/entity	type and jurisdiction of the	curviving party are as follows:
	•	
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
MOMENTUM FUNDING, LLC	DELAWARE	Limited Liability Company

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOUL	RTH: Please check one of the	ne boxes t	hat apply to surviv	ving entity: (if appl	cable)		
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.						
	This entity is created by the	merger a	nd is a domestic fi	ling entity, the pub	lic organic record is attach	ed.	
	This entity is created by the limited liability partnership,				ed partnership or a domest	ic	
Ø	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:						
	7700 CONGRESS AVE	NUE, SU	ITE 3212				
	BOCA RATON, FL 334	87					
more t	1: If other than the date of fi han 90 days after the date this NTH: Signature(s) for Each	s documer			of State:  Typed or Printed		
	of Entity/Organization:		Signature(s):		Name of Individual:		
MOM.	ENTUM FUNDING, LLC (FI	orida)	Elyper		ELIZABETH PEKIN		
MOM	ENTUM FUNDING, LLC (De	elaware)	Elgr		ELIZABETH PEKIN		
Florida Non-Fl	ations: al partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	(If no dire Signatur Signatur Signatur	ectors selected, signat	tner or authorized p artners tner			
Fees:	For each Limited Liability C For each Limited Partnership	p:	\$25.00 \$52.50 \$25.00	For each Corpo	al Partnership: \$25.	00	