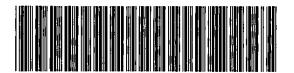
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECHETARY OF STATE TALLAHASSEE FLORIDA



## **COVER LETTER**

(,

	egistration Section  vision of Corporations
SUBJECT	EBS FUNDING, LLC
SOBOLET	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Harold Becker
	Name of Person
	EBS Funding, LLC
	Firm/Company
	2678 Luce Dr W
	Address
	Clearwater, FL 33761
	City/State and Zip Code harold@emergingbs.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Harold Becker at ( 727 ) 431-9364
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	Sing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing Address  New Filing Section  New Filing Section
	New Filing Section New Filing Section Division of Corporations Division of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EBS FUNDING, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  2678 Luce Dr W Clearwater FL 33761  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ICLE I - Name: name of the Limited Liability Co	mpany is:			15 DEC 14	PM 2: 50
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  2678 Luce Dr W Clearwater FL 33761  Clearwater FL 33761  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or	EBS FUNDING, LLC				SECRETARY TALLAHASSE	OF STATE E. FLORIDA
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:		the words "Limited	d Liability Co	npany, "L.L.C.," or "LLC.	.")	_
2678 Luce Dr W Clearwater FL 33761 Clearwater FL 33761 Clearwater FL 33761  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or		s of the principal c	office of the L	mited Liability Company	is:	
Clearwater FL 33761 Clearwater FL 33761 Clearwater FL 33761  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or	Principal Of	ffice Address:		Mailing.	Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or	2678 Luce Dr W			2678 Luce Dr W		
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or	Clearwater FL 33761			Clearwater FL 33761		
The name and the Florida street address of the registered agent are:  Karen Eiler  Name		_			<del>-</del>	
2655 Ulmerton Rd, #280						
Florida street address (P.O. Box NOT acceptable)	F	orida street addres	ss (P.O. Box <u>N</u>	OT acceptable)		
Clearwater FL 33762	<u>_C</u>				_	
City State Zip		City	State	Zip		
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 605, F.S	lesignated in this certificate, I her agree to comply with the provisi	reby accept the app ons of all statutes r	ointment as re elating to the p	gistered agent and agree to proper and complete perfor	o act in this capac mance of my duti	city. I
Registered Agent's Signature (REQUIRED)	-	Regist	tered Agent's	Signature (REQUIRED)		

(CONTINUED)

Page 1 of 2

"MGR" = Manager    Harold Becker	(Use attachment if necessary)  E V: Effective date, if other than the date of filing:  ———————————————————————————————————	Title:		need to manage and control the Limited Liability Company:  Name and Address:
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  cettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  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.  Harold Becker  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Member	SECRETARY
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  cettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  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.  Harold Becker  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			Harald Backer
Clearwater FL 33761  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:	Clearwater FL 33761  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:	MUK		Tarote Becker
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:  filing.  (OPTIONAL)  critive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  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.  Harold Becker  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  E V: Effective date, if other than the date of filing:			
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	\$ 30.00 Certified Copy (Optional)	of filing.) The date inserted in this between the date inserted in this between the ment's effective date on the ment's effective date of the ment's effective date on the ment's effective date of the ment's effective da	plock does not meet the Department of State of any.  Inv:  gnature of a member cument is executed in are that any false inforces a third degree felored arold Becker  Typ	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.