

L17000035482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

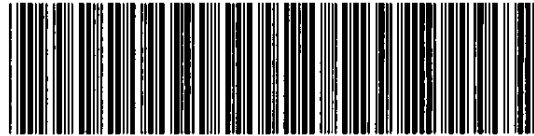
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02/14/17--01008--013 \*\*160.00

C. GOLDEN

FEB 17 2017

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17 FEB 14 AM 11:25  
2017 FEB 14 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310-1001  
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**SUNSHINE CORPORATE**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**  
**850-508-1891 (cell)**

Date: 2-14-17

Name:	ASCEND FUNDING, LLC
Document #:	Maggie Parancet
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
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Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 160.00

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2017 FEB 14 AM 10:25  
TALLAHASSEE, FL  
STATE OF FLORIDA

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ascend Funding, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica L. Torres

Name of Person

Whetstone Holdings, LLC

Firm/Company

2001 NW 107th Ave, Third Floor

Address

Miami, FL 33172

City/State and Zip Code

erica.torres@whetstoneholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica L. Torres

305

615-6358

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

FILED  
2017 FEB 14 AM 10:25  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

2017 FEB 14 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 14, 2017

SUNSHINE CORPORATE

SUBJECT: ASCENT FUNDING LLC  
Ref. Number: W17000012877

*Please refile  
and allow for  
initial file  
date. Thanks,*

*Jma*

We have received your document for ASCENT FUNDING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 717A00002916

RECEIVED  
DEPARTMENT OF STATE  
17 FEB 16 AM 11:36

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 FEB 14 AM 10:25

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ascend Funding, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET  
TALLAHASSEE, FL 32301

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2001 NW 107th Ave

2001 NW 107th Ave

Third Floor

Third Floor

Miami, FL 33172

Miami, FL 33172

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.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation,

Florida

33324

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..*

NRAI Services, Inc.

By: Natalie Leiba - Paul

Registered Agent's Signature (REQUIRED)

Natalie Leiba-Paul, Assistant Secretary

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Manager

Scott Crockett

2001 NW 107th Ave. Third Floor

Miami FL 33172

Manager

Tracy Parks

2001 NW 107th Ave. Third Floor

Miami, FL 33172

(Use attachment if necessary)

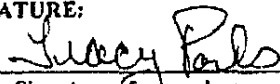
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED 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.

Tracy Parks

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
2017 FEB 14 AM 10:25  
TALLAHASSEE, FL  
SECRETARY OF STATE