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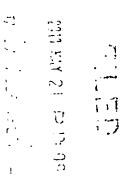
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven Bettinger
Name of Person
True Funding LLC
Firm/Company
3828 NW 53rd Street
Address
Boca Raton, FL 33496
City/State and Zip Code
smaynoldi@cashawk.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Bettinger at (561 843-0575 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

: TO:

STATEMENT OF AUTHORITY

Pursuant to section $605.0302(1)$, Florida Statutes, this limited authority:	
FIRST: The name of the limited liability company is:	Funding LLC
SECOND: The Florida Document Number of the limited liab	oility company is: _L17000101724
THIRD: The street address of the limited liability company's 3828 NW 53rd Street	
The mailing address of the limited liability compan 3828 NW 53rd Street	y's principal office is:
Boca Raton, FL 33496	
person on the following: 1. May execute an instrument transferring real prop a. Granted to: Steven Bettinger	perty held in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, of a. Granted to:	or otherwise act for or bind, the company.
b. No authority granted to:	
In O. Z	James D. Terlizzi
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)