PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM.

2020 SEP 17 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000203574

1. Limited Liability Company's Name

TCP funding LLC

400352321034
09/17/20--01023--013 **100.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2914 1/2 BEACH BLVD S	
Suite, Apt. # etc UNIT # 3	Suite, Apt. #, etc.
City & State GULFPORT FL	City & State
Zip: 33707 Country: USA	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 4-2018

6. FEI Number: 83-1457924 ✓ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: SEAN SIMPSON

Street Address (P.O. Box Number is Not Acceptable) Suite,: 2914 1/2 Beach BLVD South

Apt. #, Etc: UNIT # 3

City: GULFPORT State: FL Zip Code: 33707

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 8/13/20

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
VP	Stephen McKenzie	2914 1/2 Beach Blvd	Gulfport FL 33707
CEO	Lathan A Freeman	2914 1/2 Beach Blvd	Gulfport FL 33707
	REINSTATEMENT		SEP 17 2020
			R. HUNT

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that 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.

Signature of authorized representative/member: _____ Date: 8/13/20 Daytime Phone #: 727-[illegible]

Typed or printed name of signing authorized representative/member: _____