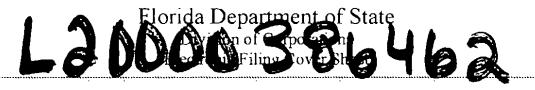
12/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. FABIOLA FUNDING, LLC

Certificate of Status	0
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Page Count	01
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fabiola Funding, LLC	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.")
 EII - Address: g address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u> :
9429 Harding Avenue, Suite 149	9429 Harding Avenue, Suite 149

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

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	eceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

By A localistic Cases Elizabeth Kitchen, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(Use attachment if necessary)	
of filing.) The date inserted in this block does not meet the ment's effective date on the Department of Statute VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not te's records.
REQUIRED SIGNATURE:	
/s/ Michael J. Reinha	rdt
	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes
I am aware that any false informations of the constitutes a third degree felon	mation submitted in a document to the Department of State- ry as provided for in s.817.155, F.S.
I am aware that any false inforconstitutes a third degree felon  Michael J. Reinhardt	rmation submitted in a document to the Department of State- ry as provided for in s.817.155, F.S.
I am aware that any false inforconstitutes a third degree felon  Michael J. Reinhardt  Typ	accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State mation submitted for in s.817.155, F.S.