5/4/2021

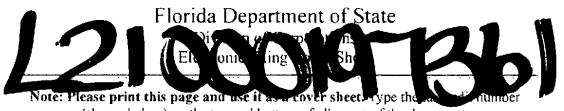
Page: 1 of 3

2021-05-04 21:45:55 GMT

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From: Vcorp Services, LLC

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

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

Email /	Address:	
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FLORIDA LIMITED LIABILITY CO. MNII 18 HOLDINGS LLC

Certificate of Status	Û
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Estimated Charge	S125.00

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Corporate Filing Menu

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MNH 18 HOLDINGS LLC	
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
LE II - Address: ling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
-	
4601 SHERIDAN ST, STE 505 HOLLYWOOD, FL 33021	PO BOX 814390 HOLLYWOOD, FL 33021
	11000. 11000,1100001

ROC Funding LLC
Name

4601 SHERIDAN ST, STE 505
Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD FL 33021

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 abligations of my position as registered agent as provided for in Chapter 605, F.S.

Asher Handler

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u>
"AMBR" = Authorized Member Name and Address: "MGR" = Manager AMBR ROC FUNDING LLC 4601 SHERIDAN ST, STE 505 HOLLYWOOD, FL 33021 (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.

Page 2 of 2

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

Typed or printed name of signee

Asher Handler

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