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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018

Phone : (305)931-0433 Fax Number : (866)856-1462

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

Email Address: jzucker@fmm.com

FLORIDA LIMITED LIABILITY CO. JZ FUNDING LLC

| Certificate of Status | 1 |
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S. CHATHAM FEB 25 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILEB

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| A | RTI | $^{\circ}$ | 17 | 1 _ | N _o | me |
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| | | | | | | |

The name of the Limited Liability Company is:

Page: 3 of 4

22 FEB 24 AM IU: 31

SECRETARY OF STATE TALEAHASSEE, PLORIDA

JZ Funding LLC

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

ARTICLE II - Address:

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

| <u>Princip</u> | mi Office Address: | | Mailing Address: |
|---|---|-----------------------|---|
| 4200 Mangnim Ct. | | 42 | 200 Mangnim Ct. |
| Hollywood, FL 3302 | 21 | 11 | ollywood, FL 33021 |
| RTICLE III - Registered Ag The Limited Liability Company nother business entity with an | y cannot serve as its own | Registered Agen | gent's Signature: 1. You must designate an individual or |
| he name and the Florida street | address of the registered | d agent are: | |
| the name and the Florida street | address of the registered | i agent are: | |
| he name and the Florida street | ~ | d agent are: | |
| the name and the Florida street | ~ | Nino | |
| The name and the Florida street | Paul Feldman, Esq. | Nima et, Suite 203 | (acceptable) |
| The name and the Florida street | Paul Feldman, Esq. 2750 NE 185th Stree | Nima et, Suite 203 | [acceptable) 33180 |

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 I is 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 Oup to 605, FS

(CONTENUED)

ARTICLE IV-

FILEB

| "MGR" = Manager | Name and Address: | SEORETARY OF STALL ALLEAHASSEE. P |
|--|--|--|
| MGR | Judy Zucker | |
| | 4200 Mangrum Ct. | - |
| | Hollywood, FL 33021 | |
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| of filing.) If the date inserted in this block does not memore seffective date on the Department of JEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory of this document is executed a management of the second of the s | neet the applicable statutory filing requor of State's records. | ve of a member. 3 (1) (b), Florida Statutes. to the Department of State |
| of filing.) If the date inserted in this block does not mement's effective date on the Department of LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meet This document is executed I am aware that any false constitutes a third degree | mber or an authorized representatived in accordance with section 605,020 information submitted for in s.817.155, Felony as provided for in s.817.155, Felony as | ve of a member. 3 (1) (b), Florida Statutes. to the Department of State |
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