Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000321996 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088



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

Email Address:	jtones@jonesblack.com	

# FLORIDA LIMITED LIABILITY CO.

### Funder LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. MATTHEWS

SEP 20 2023



September 14, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

HUBCO

SUBJECT: FUNDA LLC REF: W23000125620

We have received your document for FUNDA LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 023A00021132

H23000321996

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Fu	nder LLC		
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the pr  Principal Office Address:	incipal office of the Limited Liability Company ist  Mailing Address:	2023 SEP 19	
1109 Marine Way East, Unit L-3R	1109 Marine Way East, Unit £-3R	PH	i
North Palm Beach, FL 33408	North Palm Beach, FL 3340871	2	
ARTICLE III - Registered Agent, Registered		: 59	
(The Limited Liability Company cannot serve a another business entity with an active Florida re	s its own Registered Agent. You must designate an individegistration.)	lual or	
The name and the Florida street address of the r	egistered agent are:		

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

Howard Habberstad, Jr.	
Name	•
1109 Marine Way East, U	nit L-3R
Florida street address (P.O. Box 1	NOT acceptable)
North Palm Beach	FL 33408
City	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.

Hours recovered 3, Star 22 M25 W 55 1837

Registered Agent's Signature (REQUIRED) Howard Habberstad, Jr.

(CONTINUED)

Page 1 of 2

H23000321996

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAMBR	Howard Habberstad, Jr.
	6 Northfield Lane Saint James, NY 11780
AMBR	Nathan Goldstein
	9 Tammi Court
	Kings Park, NY 11754
**************************************	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
TCLE V: Effective date, if other than the date effective date is listed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 (
TCLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
TICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filling.)  TICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 o
TICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filling.)  TICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 of the state of
TICLE V: Effective date, if other than the date of filling.)  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a no (In accordance with section constitutes an affirmation I am aware that any false)	specific and cannot be more than five business days prior to or 90
TCLE V: Effective date, if other than the date of effective date is listed, the date must be state of filling.)  TCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnificant constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State