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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 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: tjones@jonesblack.com

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FLORIDA LIMITED LIABILITY CO.

Fundacase.com LLC

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

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Corporate Filing Menu

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H25000010513

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fundacase.com 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

 1109 Marine Way East
 50 Brook Avenue

 Unit L-3R
 Suite M

 North Palm Beach, FL 33408
 Deer Park, NY 11729

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Howard Habberstad

Name

1109 Marine Way East, Unit L-3R

Florida street address (P.O. Box NOT acceptable)

North Palm Beach FL 33408

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..

Registered Agent's Signature (REQUIRED)

Howard Habberstad

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	NHD-1 LLC
	24 Woodbine Avenue, Suite 205
	Northport, NY 11768
AMBR	MAC 22 LLC
	50 Brook Avenue, Suite M
	Deer Park, NY 11729
E V: Effective date, if other than the	e date of filing: (OPTIONAL)
	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 94
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E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any factors.)	be specific and cannot be more than five business days prior to or 9

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