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City/State/Zip Phone # Office Use Only		•	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
1. 00789-1 (Corpora	0608-00671	W01-174	47 30=-015 ***125.00
3. (Corpora	tion Name) (Docu	ment #)	· · •
4. (Corpora	tion Name) (Docu	ment #)	<u>. </u>
	Pick up time	Certified Copy	
Mail out Will wait Photocopy Certificate of Status			
NEW FIGURES Profit	Amendment		
NonProfit	Resignation of R.A., Officer/ Director		T)
Limited Liability	Change of Registered Agent		25.02 20.17 1.10
Domestication	Dissolution/Withdrawal		
Other	Merger		FILED 21 AM 21 AM
OTHER FILINGS Annual Report Fictitious Name	REGISTERATION/ QUATELLE (CAVION) Foreign		FILED 01 AUS 21 AM II: 16 SECRETARY OF STATE LLAHASSEE, FLORIDA
Name Reservation	Limited Partnership		-
	Reinstatement		
	Trademark		· · · -=
	Other	e- ·	
CR2E031(1/95)	•	Examiner's Initials	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2001

ACTION FUNDING, LLC 333 KENNEDY DRIVE, SUITE R101 TORRINGTON, CT 06790

SUBJECT: ACTION FUNDING, LLC Ref. Number: W01000017647

We have received your document for ACTION FUNDING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 801A00044274

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CONNECTICUT
(Jurisdiction under the law of which foreign limited liability (Duration: Year limited liability company will cease to exist or "perpetual") Quai Fication
acted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows Marcantonio 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) MARCAN tonio

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

للمنظ والمنافرة المحاصل ووجارية والمحاصلات والمستنفرة الأران والمتراث المحاط والاراز الرازان والوازين
2. The name and the Florida street address of the registered agent and office are:
DAVID F. MARCANTONIO
(Name)
226 Homestead RD. South
Florida street address (P.O. Box NOT ACCEPTABLE)
helligh ACRES, FI 33936

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 608, F.S..

City/State/Zip

/

(Signature)

1. The name of the Limited Liability Company is:

Action Funding, LLC

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

ACTION FUNDING, LLC

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on October 19, 1998 and is in existence as of the date of this certificate.

Secretary of the State

Date Issued: June 13, 2001