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(F	Requestor's Name)			
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(/	Address)			
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(Document Number)				
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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### TRANSMITTAL LETTER

TO:	Registration Section	
	Division of Corporations	
SUB	JECT: Safe Harbor Capital Funding Group.	LLC
	(Name of L	Limited Liability Company)
Florie	enclosed "Application by Foreign Limited da," Certificate of Existence, and check are ity company to transact business in Florida	Liability Company for Authorization to Transact Business in a submitted to register the above referenced foreign limited a
Pleas	e return all correspondence concerning thi	s matter to the following:
	Keith Radonis	
	(	Name of Person)
	Safe Harbor Capital Funding Group, Lu	.c
		(Firm/Company)
	127 South Country Road	
		(Address)
	Bellport, NY 11713	
	<del></del>	/State and Zip Code)
		,
For fi	urther information concerning this matter,	please call:
	Michele Francis	at (631 ) 776-7500
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	409 E. Gaines Street	P.O. Box 6327
	Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclo	osed is a check for the following amount:	
	☐ \$125.00 Filing Fee	: & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Contificate

## 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:

1.	Safe Harbor Capital Funding Group, LLC					
	(Name of Foreign Limited Liability Company)					
2.	Connecticut 3, 20-4477577					
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	March 30, 2006 5. Perpetual .					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	Have not transacted business in Florida					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	127 South Country Road	70				
	Bellport, NY 11713	ILE.				
	(Street Address of Principal Office)	O				
ዩ	If limited liability company is a manager-managed company, check here					
٠.	26 Series					
9.	The name and usual business addresses of the managing members or managers are as follows:					
Michele Raab-Francis: 127 South Country Road, Bellport, NY 11713						
		•				
		•				
		_				
16	مراجع المراجع					
	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	XOTUS II				
	anslation of the certificate under oath of the translator must be submitted.)					
1 1	Nature of business or purposes to be conducted or promoted in Florida: Mortgage Originations					
1	Attained to business of purposes to be conducted of promoted in 1 fordat.	•				
		·				
	Marin					
	Signature of a member or an authorized representative of a member.					
	(In accordance with section 698,408/3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
	Michele Raab-Francis					

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIG	NED LIMITED LIABI	NS OF SECTION 608.415 or 608.507, FLORIDALITY COMPANY SUBMITS THE FOLLOWT O OFFICE AND REGISTERED AGENT IN TH	NG STATEMENT
1. The name	of the Limited Liabil	ity Company is:	
Safe Harbor	Capital Funding Group,	пс	
2. The name	and the Florida street	address of the registered agent and office are:	
	NRAI Services, Inc	·	SE
		(Name)	CRE SIN
	2731 Executive Park Drive, Suite 4		FILE JUN -6 CAHASS
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	EFOR PR
	Weston	FL 33331	2: 21 STAT FLORI
		City/State/Zip	DA.
liability comp agent and ag relating to th obligations of NRAI Service	pany at the place designee to act in this capac to proper and complete If my position as registe	gent and to accept service of process for the about the in this certificate, I hereby accept the appoint of further agree to comply with the provision performance of my duties, and I am familiar with the provided for in Chapter 608, Floridation of the provided for the chapter 608 of the complete of the provided for the chapter 608 of the complete of the provided for the chapter 608 of the c	ointment as registered s of all statutes th and accept the

\$ 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 articles of organization for

#### SAFE HARBOR CAPITAL FUNDING GROUP LLC

a domestic limited liability company, were filed in this office on March 30, 2006.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State.

Date Issued: June 02, 2006

Business ID: 0854633 Standard Certificate Number: 2006130353001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov