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August 3, 2006

Registration Section
Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Northeastern Capital Funding, LLC

Dear Sir:

Please find enclosed with this correspondence the completed Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, original certificate of existence from Delaware, and filing fees in the amount of \$155.00 for Northeastern Capital Funding, L.L.C.

Once the certified copy is ready to be picked up, please contact Kim Jacobs at (850) 425-1605 to arrange to have a runner from our office pick it up from your office. Please let me know if additional information is required to complete this registration.

Very truly yours,

Felicia Leborgne Nowels

FLN/kj

enclosures

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: NORTHEASTERN CAPITAL FUNDING LLC (Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
KATHERINE 61DDINGS, ESQ. FIRE (Name of Person)		
ACKERMAN SENTER FITT		
(Firm/Company)		
106 E COLEGE AVENUE SUITE 1200 (Address)		
(Address)		
TAUAHASSEE FL * 32301 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MONICA RAY at (800 ) 431-8109 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person)  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  (Area Code & Daytime Telephone Number)  STREET ADDRESS:  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Boxed{\text{\$\sum_\$125.00 Filing Fee}}\$ = \$\Boxed{\sum_\$130.00 Filing Fee} & \$\sum_\$		

## 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 FUREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. NORTH EASTERN CAPITAL FUNDING LLC (Name of Foreign Limited Liability Company)
2. DELAWARE  (Jurisdiction under the law of which foreign limited liability company is organized)  3.  3-404743   (FEI number, if applicable)
4. FEBRUARY 17, 1999 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. W/A  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. EMPIRE STATE BUILDING SUITE 3304
NEW YORK, NY 10018 (Street Address of Principal Office)
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:
JOHN CEVALLOS: EMPIRE STATE BUILDING SUITE 3304
JULIA ASHIROVA NEW YORK, NY 10018
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: OFFER LUMP SUM
MONIES FOR FUTURE STRUCTURED PAYMENTS.
andan.
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.)  MONICA RAY
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.

1. The name of the Limited Liability Company is:
NORTHEASTERN CAPITAL FUNDING LLC
2. The name and the Florida street address of the registered agent and office are:
MONICA RAY (Name)
(Name)
5976 KEITH ROAD
Florida Street Address (P.O. Box NOT ACCEPTABLE)
JUPITER FL 33458 City/State/Zip
City/State/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 registere 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, Florida Statutes.  (Signature)  (Signature)

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHEASTERN CAPITAL FUNDING LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2006.



Warriet Smith Window

AUTHENTICATION: 4935417

DATE: 07-28-06

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