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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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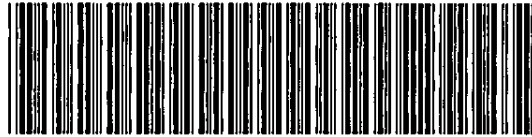
(Business Entity Name)

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J. BRYAN JAN 26 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Funding Group 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:

Abbi S. Freifeld
(Name of Person)

Precision Funding Group LLC
(Firm/Company)

2022 Alta Meadows Lane #603
(Address)

Delray Beach, FL 33444
(City/State and Zip Code)

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For further information concerning this matter, please call:

Abbi Freifeld at (866) 676-5642
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Precision Funding Group LLC
(Name of Foreign Limited Liability Company)

2. New Jersey 3. 20-5999504
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/07/2006 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 515 Grove Street, Suite 3-B, Haddon Heights, NJ 08035
(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:

Michael Sciore 431 Covered Bridge Rd, Cherry Hill, NJ 08034

Mark Furey 5104 State Route 45, P.O. Box 7, Harrisonville, NJ 08039

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: mortgage brokering
and lending business


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.)

Michael Sciore

Typed or printed name of signer

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**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:

Precision Funding Group LLC

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

Abbi S. Freifeld

(Name)

2022 Alta Meadows Lane #603

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

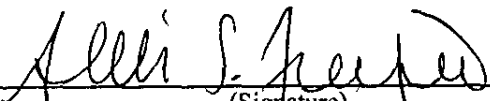
Delray Beach

FL 33444

City/State/Zip

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07 JAN 25 PM 2:48

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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRECISION FUNDING GROUP LLC
0400156763

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 7, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Ronald J Cappuccio Jd Ll M Tax
1800 Chapel Avenue West
Suite 128
Cherry Hill, NJ 08002 4603

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07 JAN 25 PM 2:48

DIVISION OF CORPORATE AFFAIRS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRECISION FUNDING GROUP LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
4th day of January, 2007

Bradley Abelow

Bradley Abelow
State Treasurer

DIVISION OF REVENUE
07 JAN 25 PM 2:48