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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GO 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:
SEAN O'CONNOR (Name of Person)
(Name of Person)
GO FUNDING, LLC
(Firm/Company)
1200 SUMMER ST, SUITE 1078 (Address)
(Address) (Address) (City/State and Zip Code) (DIB 200 PER
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (203) 487-3770 (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: \$\sim_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & } \sum_\$155.00 \text{ Filing Fee & } \sum_\$160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy} \text{ of Status & Certified Copy}

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:
GO FUNDING, LLC
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")
2. CT (Jurisdiction under the law of which foreign limited liability 3. Q0-8449043 (FEI number, if applicable)
company is organized)
4. 2/13/07 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to
4. 2/13/07 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
$\sim 10^{-1}$
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
- 1000 Cuanto C Cutt 1018
7. 1200 SUMMER ST, SUITE 101B. STAMFORD, CT 06905 (Street Address of Principal Office)
JTAMFORD, CT 06905
(Street Address of Principal Office)
STAMFORD, CT 06905 (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:
SEAN O'CONNOR
SCHW O COMPOSE
1200 Summer St, Suit 101B
STAMFORD, CT 06905
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 husiness and more than and hard an angular file side.
11. Nature of business or purposes to be conducted or promoted in Florida:
MORTGAGE BROKERAGE
MORTGAGE BROKERAGE.
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.)
SEAN O'CONNOR

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:	
GO FUNDING, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
EDWARD O'CONNON. (Name)	
105 HARBON DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECUETA SECUETA
(Name) 105 HARBON DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE) BELLEAIN BEACH FL 33786 - 3245 City/State/Zip	O PI 12:
Having been named as registered agent and to accept service of process for the above st	tated limited

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)

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

GO FUNDING, LLC

a domestic limited liability company, were filed in this office on February 13, 2007.

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: August 17, 2007

Business ID: 0888541 Express Certificate Number: 2007200921001

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