

MO8 000004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

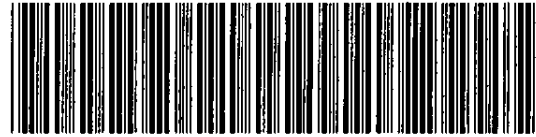
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/25/08--01047--015 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 6 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2008

MARY ANNE FERRELL
5104 N. ORANGE BLOSSOM TRAIL #104
ORLANDO, FL 32810

SUBJECT: LICENSE FUNDING LLC
Ref. Number: W08000039763

We have received your document for LICENSE FUNDING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 108A00047493

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Thursday, August 21, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

VIA MAIL

RE: REGISTRATION OF LICENSE FUNDING LLC

To Whom it May Concern:

I have enclosed a copy of the application, Certificate of Good Standing, and check for \$160 to register **LICENSE FUNDING LLC**. Please register this Limited Liability Company as soon as possible.

If you have any questions or concerns, please contact me any time.

Thanks so much.

Sincerely,

Craig A. Block
Liquor License Specialists
800-222-5777 x 18

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TALLAHASSEE, FLORIDA



Kimberly Bell, Licensing Manager
Licensing Solutions, Inc
Kimberly@LicensingSolutions.us

September 11, 2008

Florida Department of State
Division of Corporations
Attention: Tammi Cline
P.O. Box 6237
Tallahassee, Florida 32314

Re: License Funding LLC
Ref #: W08000039763

Dear Ms. Cline:

Attached please find the following documents pursuant to your request:

- Copy of your letter dated August 26, 2008;
- Corrected Application by Foreign Limited Liability Company to Transact Business in Florida;
- Certificate of Designation of Registered Agent; and
- Certificate of Good Standing from the State of California.

If you have any questions or need any additional information, please contact me at 407-299-2555.

Thank you,

Kimberly Bell

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: License 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:

Mary Anne Ferrell
(Name of Person)

(Firm/Company)

5104 N. Orange Blossom Trail #104
(Address)

Orlando, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Anne Ferrell at (407) 299-2555
(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

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TALLAHASSEE, FLORIDA

**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. **License Funding LLC**

(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. **California**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. **7/30/2008**

(Date of Organization)

5. **perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

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

7. **5104 N. Orange Blossom Trail #104**

Orlando, FL 32810

(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:

5104 N. Orange Blossom Trail #104

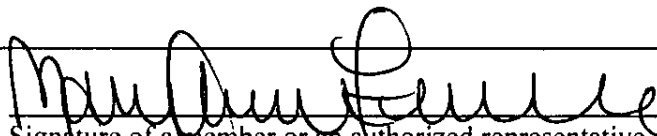
Orlando, FL 32810

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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: **License Funding**



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.)

Mary Anne Ferrell

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:

License 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:

Mary Anne Ferrell

(Name)

5104 N. Orange Blossom Trail #104

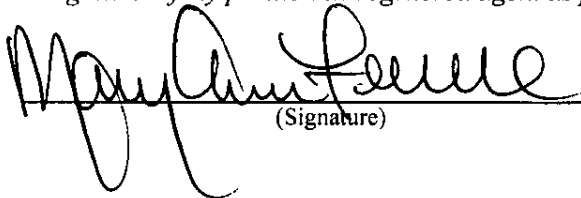
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando, FL 32810

FL

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 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)

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TALLAHASSEE, FLORIDA

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LICENSE FUNDING, LLC

FILE NUMBER: 200821310250
FORMATION DATE: 07/30/2008
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of August 6, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State