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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

House Account Funding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

J. BRYAN

JAN 25 2009

EXAMINER

COVER LETTER

SUBJECT:		Account Funding, LLC Name of Limited Liability Company	
The enclosed "App Existence, and che	ilication by Foreign Limited L ck are submitted to register th	Liability Company for Airhorization to Transact Business in t to above referenced foreign limited liability company to trans	Florida," Certificate of act business in Florida.
	rrespondence concerning this	- •	- Pla
		G.R. HOMA	
•		Name of Person	Fo. 10
,	۴	fouse Account Funding, LLC	TEGE T
		Plan/Company	一题系下
		2 Sylvan Way	SSE
		Address	JAN 22 AM 8: 17 CRETARY OF STATE LIAHASSEE, FLORE
	Dε	arsippany, New Jersey 07054	REE. FLORI
-	, ,	City/State and Zip Code	500
_		@houseaccountfunding.com	
		s: (to be used for future annual report notification)	
For further informs	tion concerning this matter, p	jtense call;	
	G.R. Homa	et (973) 588-8002	
	Name of Person	Area Code & Daytime Telephone Number	
, <u></u>			
MAILIN	GADDRESS:	STREET ADDRESS:	
Division o	f Corporations	STREET ADDRESS: Division of Corporations Registration Section	
Division o Registratio P.O. Box	of Corporations on Section 5327	Division of Corporations Registration Section Clifton Building	
Division o Registratio P.O. Box	Corporations on Section	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
Division o Registratio P.O. Box	of Corporations on Section 5327	Division of Corporations Registration Section Clifton Building	
Division o Registratic P.O. Box Tallahasse	of Corporations on Section 5327	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahasses, FL 32301	

APPLICATION BY BOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES THE POLLOWING IS SUBJECTED TO INCREME A FORESTIN LIMITED LICENTY COMPANY TOTRANSACTIONNESS IN THE STATE OF FLORIDA House Account Funding, LLC
(Name of Foreign Limited Cability Company, mad include Limited Cability Company, "LLC.," or "LLC.") (if name unavailable, rater alternate name adopted for the purpose of transacting bushess in Plotids and ethics a copy of the written consent of the managers or managing members adopting the electrate name. The alternate name must beliefe "Limited Liability Company," "L.L.C." "LLC." 20-8180439 New Jarrany (Jurisdiction under the law of which family limited fishilly company is organized) (PEI mmber, if spplicable January 2, 2007 Perpential
(Duration: Your limited Nability company will co (Date of Organization) January 2010 (Data Brat transacted business in Fierida, if prior to my (See sections 608,501 & 608,502 F.S. to determine peak 2 Sylvan Way Paraippany, New Jersey 67054 (Steet 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: Marvin Bloom - 2 Sylvan Way, Parsippany, NJ 07054 G.K. Homa - 2 Sylvan Way, Parsippany, NJ 07054 Nail Mercous - 2 Sylvan Way, Parsippany, NJ 07054 Kaith Rosenzweig - 2 Sylvan Way, Parsippany, NJ 07054 Michael J. Rosenzweig - 2 Sylvan Way, Parsippany, NJ 07054 10. Attached is an original configuration of customer, no more from 90 days old, duty authorizanted by the official basing custody of accords in ficjarialistica underficiles/of vision kinogenieri. (Aphonogy innotamentile: lifte conflicte inin a fizion ingrises a (infinited translation or incoming the configuration of the configuratio 11. Nature of business or purposes to be conducted or promoted in Florids: any lawful purpose Signature of a member or an authorized representative of a member. recolution with medica 602.404(3), F.S., the expension of this decement execution

ation under the possition of porjusy that the facts stated howin are true.)

G. R. HOMA

Typed or printed manus of signes.

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:		
House Account Funding, LLC		
be alternate to be used in the state of Florida is:		
d the Florida street address of the registered agent and office are: CT Corporation System	10 JAN SECRE	
(Name) 1200 South Fine Island Road	22 LE	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324	P STATE	
	House Account Funding, LLC the alternate to be used in the state of Florida is: d the Florida street address of the registered agent and office are: CT Corporation System (Name) 1200 South Fine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	

Having been named as registered agent and to accept earries 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 chiles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent's 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional).

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

HOUSE ACCOUNT FUNDING, LLC

0600287954

With the Previous or Alternate Name

___. HAF (Alternate Name)
HOUSE ACCOUNT FUNDING (Alternate Name)

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 January 2, 2007.

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:

G.R. Homa 2 Sylvan Way Parsippany, NJ 07054

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Certification# 116206945

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of January, 2010

Andrew P Sidamon-Eristoff
Acting State Treasurer

Verify this certificate at https://www1.stato.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp