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Special Instructions to Filing Officer:

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:

	gistration Section vision of Corporations					
SUBJECT:	Empire Funding Group, LLC					
	Name of Limited Liability Company					
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," nd check are submitted to register the above referenced foreign limited liability company to transact busing					
Please return	all correspondence concerning this matter to the following:					
	C. Wohlbrandt					
	Name of Person					
Vogel Law Office, P.A.						
	Firm/Company					
	3936 Tamiami Trail North, Suite B					
	Address					
	Names Flatida 24402					
Naples, Florida 34103  City/State and Zip Code						
	·					
	Chrisw@vogel-law.net  E-mail address: (to be used for future annual report notification)					
E. C. d	·					
For further in	nformation concerning this matter, please call:					
	C. Wohlbrandt <sub>at (</sub> 239 <sub>)</sub> 262-2211					
	Name of Person Area Code & Daytime Telephone Number					
Divi Reg P.O.	STREET ADDRESS: ision of Corporations gistration Section Box 6327 Bahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is	s a check for the following amount:					
<b>\$</b>	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \text{Certified Copy} \\ \text{Certified Copy} \\ \text{of Status & Certified Copy} \\ \end{array}					

#### 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: Empire Funding Group, 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) January 28, 2000 January 28, 2030 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. Subsequent to registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 1107 West 6th Street, Chevenne, Wyoming 82001 (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: Ronald W. Hofer, 525 Avellino Isles Circle #33102, Naples, Florida 34119 Amber LeBleu, 1107 West 6th Street, Cheyenne, Wyoming 82001 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: real estate investment and ancillary/associated services and business Signature of a member or an authorized representative of a member of (In accordance with section 688.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

James D. Vogel, Authorized Representative of a Member

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.

. The name of the Limited Liability Company is:	
Empire Funding Group, LLC	
f unavailable, the alternate to be used in the state of Florida is:	
. The name and the Florida street address of the registered agent and office are:	
James D. Vogel	
(Name)	
3936 Tamiami Trail North, Suite B	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples, Floriфa_34103	
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 egent 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)

FILED

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SECRETARY OF STATE

### STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 28, 2000**, comply with all applicable requirements of this office. Its period of duration expires 01/28/2030. This entity has been assigned entity identification number **2000-000400898**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of March, 2010 at 2:14 PM. This certificate is assigned 007181625.



Maj Massielo Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.