## PG2000001M

(Requestor's Name)	<u>.</u>
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<del>.</del>
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only



600287784256

16 JUL 11 PH 2: 06

TORETARY OF STATE.

**S Warren**JUL 1 2 2016

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 211186 4358237

AUTHORIZATION : Concell of and

COST LIMIT : \$ 1/25...00

ORDER DATE : July 11, 2016

ORDER TIME : 1:27 PM

ORDER NO. : 211186-005

CUSTOMER NO: 4358237

#### FOREIGN FILINGS

NAME: FUNDING WONDER CAPITAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

Divisi	on of Corporation	ns						
Funding Wonder Capital LLC SUBJECT:								
	Name of Limited Liability Company							
					ansact Business in Florida," Certificat y company to transact business in Flo			
Please return all correspondence concerning this matter to the following:								
	Michael Milde	nberger						
	Name of Person							
	Funding Wonder							
	Firm/Company							
	175 SW 7th Street, Suite 1800							
	Address							
	Miami, FL 33130							
	<u> </u>	City/S	tate and Zip Code	:				
	michael@fundin	gwonder.com						
	<del></del>	E-mail address: (to be used	for future annual	report not	ification)			
For further information concerning this matter, please call:								
Mich	ael Mildenberger		786 at (	646-99 }				
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	neck for the follow 25.00 Filing Fee	ing amount:  \$\square\$ \$\\$130.00\$ Filing Fee &  Certificate of Status	□ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Funding Wonder Capita	al LLC	į	
(Name of Force	ign Limited Liability Company; must meliide "Limit	ed Liability Company," "L.L.C"	'or 'LLC.')
//f name unavailable onter al	ternate name adopted for the purpose of transacting t	vicinose io Florida. The alternate	name paget include "Limited
Liability Company," "L.L.C."	or "1.1.C.")	reactions to 1 /primits / the professions	THE PARTY NAME OF THE PARTY NA
2. Delaware	3		
(Inisdiction under the law company is organized)	of which foreign limited limbility	(FEI number, if applica	bic)
4		:	·
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	nior to registration.) termine peakly liability)	
5. 175 SW 7th Street, Su	ite 1800		The Carl
Miami, FL 33130			
	(Street Address of Principal Office)		
6		:	
	(Mailing Address)		-1.00 %
7 Normanud annu Line	is of Florida registered agent; (P.O. Box NO)	agaminhla)	ATE ATE
7. Name and sited anotes	Michael Mildenberger	acceptable)	
Name:		- And b	
Office Address:	175 SW 7th Street, Suite 1800	<u> </u>	
	Miami	Florida 33130 Zip code	
	(4.7)	(Zip code)	
Registered agent's accep	tance: gistered agent and to accept service of process	for the above stated limited l	lability company at the place
designated in this applica	tion, I hereby accept the appointment as regist	ered agent and agree to act it	this capacity. I further agree
to complywith the provisi accept the obligations of	ons of all statutes relative to the proper and co	mpiete performance of my an	mes, and i am jammar wan an
	my position as registered agent. Michael Mildenberger	) ()	
	1Kygistered agent's sign	nature)	<del></del>
8. The name title or our	acity and address of the person(s) who has have	authority to manue is/are:	
Michael Mildenberger,	1 1	admortly to manage is at.	
5			
_175 SW_7th_Stree	t, Suite 1800	· · · · · · · · · · · · · · · · · · ·	
Miami, FL 33130		·	
9. Attached is a certificate	of existence, no more than 90 days old, duly at	allenticated by the official hav	ing custody of records in the
jurisdiction under the law	of which it is organized. At the certificate is in	a foreign language, a translatio	on of the certificate under oath
of the translator must be s	admitted)		
	<i></i>		New York Transie Cont.
	Signature of an authorize		
This document is execute	d in accordance with section 605,0203 (1) (b), F o the Department of State constitutes a third deg	lorida Statutes. I am aware tha	t any false information .817,155, F.S.
CONTRACTOR IN A PROPERTY.	Michael Milden		
•	Typed or printed name of	signce	<del></del>
		1	

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FUNDING WONDER CAPITAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNDING WONDER CAPITAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202633464

Date: 07-11-16

6081379 8300

SR# 20164849390