PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
17 OCT 31 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M16000005845

1. Limited Liability Company's Name
JusticeFundsLLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
69 CHARLTON STREET	600 Brickell Avenue
Suite, Apt #, etc.: SUITE 331	Suite, Apt #, etc.: Suite 1900
City & State: NEW YORK, NY	City & State: MIAMI, FL
Zip: 10014 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation
DE/USA

5. Date Organized or Qualified To Do Business in Florida
07/21/2016

6. FEI Number
27-3767915

☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.

Suite, Apt. #, Etc:

City: PLANTATION, FL State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN

Date: 10/30/2017

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/ State / Zip
GC	Frederick A. Love	600 Brickell Avenue, Suite 1900	MIAMI, FL 33131
CEO	Steven W. Pasko	600 Brickell Avenue, Suite 1900	MIAMI, FL 33131
P	Joshua C. Wander	600 Brickell Avenue, Suite 1900	MIAMI, FL 33131
M	SUTTONPARKCAPITALLLC	600 Brickell Avenue, Suite 1900	MIAMI, FL 33131

11. E-mail Address: flove@suttonparkcapital.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature]

Date: 10-30-17 Daytime Phone#: 212-537-8806

Typed or printed name of signing Authorized Representative/Manager
Frederick A. Love

10/30/2017 Division of Corporations

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

JUSTICEFUNDS LLC

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