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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Loan Funder LC C 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:
Gail Glidewell
Name of Person
Roc Capital Holdings LLC
Tanbourpary
645 Madison avenue, 1942 Floor
New York, NY 10022 City/State and Zip Code
Gity/State and Zip Code
For further information concerning this matter, please call:
GAI Gli dewell at (212) 607-8332 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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 \$160.00 Filing Fee,

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FL	ATUTES, THE FOLLOWING LORIDA:	G IS SUBMITTIED TO REGIST	TER A FOREIGN TIMITED LIABILITY
1. Logn Funder L. C. (Name of Foreign Limited Lubility Company; mus	st include "Limited Urabibry (Company," "L.L.C.," or "LLC"	,
(If name unavailable, enter alternate name adopted for the purpose of transaction of transaction of the purpose of transaction	3.	47-50281	78
4. N A (One first transacted business to 1 See sections 605,0004 & 6054	n Florida, if prior to registration) 0905, F.S. to determine penalty lia	bility)	ber, if applicable) 2018 DEC
5. 645 Madison Avenue (Street Abbress of Principal Office) 1944 Floor New Vorla, NY 1002	6	SAME (Mailing Add	SS 2 2 1
New York, NY 1002.	<u>_</u>		55 FL
Name: Name: Office Address: Office Address: Registered agent's acceptance: Huving been named as registered agent and to accept designated in this application, I hereby accept the ato comply with the provisions of all statutes relative and accept the abligations of my position as registered. 8. The name, title or capacity and address of the pertire or Capacity: Name and Address: Name	Corp. Plazar Plazar Plazar Plazar Pept service of process for appointment as registers to the proper and compared agent. Registered agent's registariates asson(s) who has/have au	Florida 32. (Lip code of the above stated limited agent and agree to act plete performance of my	el Hiability company at the place in this capacity. I further agree
(Use attachments if necessary)	 		
9. Attached is a certificate of existence, no more than jurisdiction under the law of which it is organized. (It of the translator must be submitted)			
10. This document is executed in accordance with sec submitted in a document to the Department of State of		felony as provided for in	



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

DELAWARE, DO HEREBY CERTIFY "LOAN FUNDER 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 TENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "LOAN FUNDER LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOAN FUNDER LLC"

WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2015.

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



Authentication: 204062030

Date: 12-10-18