

M190000001451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000001527

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JAN 17 PM 1:47

FILED

C CAVE
FEB 11 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2019

CHARLES DUFF
104 EAST 25TH ST.
FLOOR 10
NEW YORK, NY 10010 US

SUBJECT: ALTCESS FUNDING MANAGEMENT LLC
Ref. Number: W19000007527

We have received your document for ALTCESS FUNDING MANAGEMENT LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 419A00001706

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Altcess Funding Management LLC
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:

Charles Duff
Name of Person

Altcess Funding Management LLC
Firm/Company

104 East 25th ST, Floor 10
Address

New York, NY 10010
City/State and Zip Code

Charles @ Altcess.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. GALT at (619) 865-9394
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Altcess Funding Management 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 821053637
(FEI number, if applicable)

4. 01/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 104 East 25th St Floor 10
(Street Address of Principal Office)

6. 104 East 25th St Floor 10
(Mailing Address)

New York, NY

New York, NY

10010

10010

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

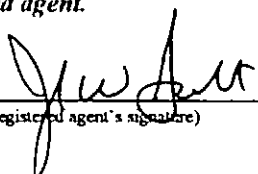
Name: John W. GALT

Office Address: 3314 Butler Bay Dr N.

Orlando FL. Florida 34786
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

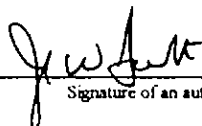
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Charles Duff</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>21 Bayberry Hill Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ridgefield CT</u>	<input type="checkbox"/> Authorized	_____
Person	<u>06877</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>David Turner</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>26 Rabbit Run Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Molven Pn</u>	<input type="checkbox"/> Authorized	_____
Person	<u>19355</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John GALT</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3314 Butler Bay Dr N.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Wmdermere FL.</u>	<input type="checkbox"/> Authorized	_____
Person	<u>34786</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

John W. GALT

Typed or printed name of signer

State Of Delaware

Entity Details

1/14/2019 1:31:57PM

File Number: 6368077

Incorporation Date / Formation Date: 4/3/2017

Entity Name: ALTCESS FUNDING MANAGEMENT, LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 7/30/2018

Registered Agent Information

Name: LORI DORSZ

Address: 1424 NORTH CLAYTON STREET

City: WILMINGTON

Country:

State: DE

Postal Code: 19806

Phone:

Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Change of Agent Amendment for LP/LLC/GP/LLP S	1	2/14/2018	2:48 PM	2/14/2018
2	LLC	1	4/3/2017	8:45 AM	4/3/2017

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTCESS FUNDING MANAGEMENT, 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 FOURTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTCESS FUNDING MANAGEMENT, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2017.

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



6368077 8300

SR# 20190696171

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202198321

Date: 02-04-19



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8242838

02-04-2019

ALTCESS FUNDING MANAGEMENT LLC
3314 BUTLER BAY DR N.
WINDERMERE, FL 34786

ATTN: JOHN GALT

DESCRIPTION	AMOUNT
6368077 - ALTCESS FUNDING MANAGEMENT, LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$90.00
TOTAL PAYMENTS	\$90.00
BALANCE	\$0.00