

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2019

ANTHONY MAURIELLO
16 DRIGGS ST
STATEN ISLAND, NY 10308

SUBJECT: FUNDRITE LLC
Ref. Number: W19000011060

FILED

2019 FEB 15 PM 3:32

FILED

We have received your document for FUNDRITE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 919A00002436

2019 FEB 13 PM 12:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fundrite 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:

Anthony Mauriello

Name of Person

Mauriello Enterprises

Firm/Company

16 Driggs St

Address

Staten Island, NY 10308

City/State and Zip Code

anthonymauriello@mytaxfella.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Mauriello

718

356-5178

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

FILED

2019 FEB 19 PM 12:12

TALLAHASSEE, FL

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. Fundrite 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. NY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5421447
(FEI number, if applicable)

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

5. 40 Wall St
(Street Address of Principal Office)

6. 40 Wall St
(Mailing Address)

New York, NY 10005

New York, NY 10005

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

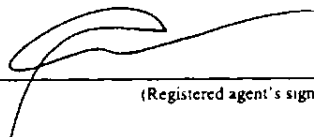
Name: Registered Agents Inc

Office Address: 7901 4th St N

St Petersburg 33702
(City) Florida (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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Carmine Berardi

☒ Member Address: 40 Wall St

☐ Authorized New York, NY 10005

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

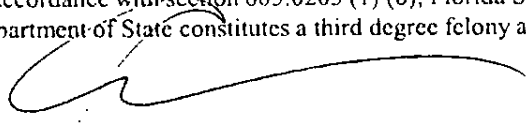
Person _____

☐ Other _____ ☐ 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

Carmine Berardi

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that FUNDRITE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/21/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

FILED

2019 FEB 15 PM 3:32

TALLAMAHOC COUNTY



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of December two
thousand and eighteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State