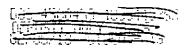
M1900001912

(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:
Oct W19-14125

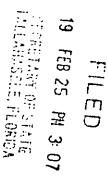
Office Use Only



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O SIMMONS FEB 25 2019



February 12, 2019

JORGE PARRA 1275 BOUND BROOK RD, STE 8 MIDDLESEX, NJ 08846

SUBJECT: GENNEXT FUNDING, LLC

Ref. Number: W19000014125

We have received your document for GENNEXT FUNDING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Letter Number: 019A00003071

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

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COVER LETTER

TO:

Registration Section

	Name	e of Limited Li	ability (Company
				ition to Transact Business in Florida." Cer ted liability company to transact business i
urn all corresponde	ence concerning this matter to	the following:		
Jorge Pari	ra			
		Name of Per	son	
GenNEX	Γ Funding. LLC			
 		Firm/Compa	ıny	
1275 Bou	nd Brook Road, Ste. 8			
-		Address		
Middlese	x. NJ 08846			
	Ci	ty/State and Z	p Code	
jparra@gen	inextfunding.com			
	E-mail address: (to be		e annual	report notification)
r information conc	erning this matter, please call	:		
Bryan Valencia		at (08	494-5312 _)
N	ame of Contact Person	Are	a Code	Daytime Telephone Number
NAILING ADDR Division of Corpora Registration Section P.O. Box 6327	ations			STREET ADDRESS: Division of Corporations Registration Section Clifton Building
fallahassee, FL 32	314			2661 Executive Center Circle Tallahassee, FL 32301
Inclosed is a check	for the following amount:			rananassee, rt. 52501

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA SERTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo			ulty Company, L.E.F., or i	1.1.1		
New Jersey			82-3981522				
(Jurisdiction under the law of w	high foreign limited liability company is organized)	٠	3(FEI number, if applicable)				
	(Date hist transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) une penalty ha	bility)				
1275 Bound Brook Ro			275 Bound Brook Rd.				
(Street Address of	Principal Office)	6	(Mailing Addre	·ss)	_		
Ste. 8		S	Ste. 8				
Middlesex, NJ 08846	1000	Ŋ	4iddlesex, NJ 08846				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	19 F	_		
Name:	InCorp Services, Inc.	<u>-</u> .		EB 25 ELAST HASSE			
Office Address:	17888 67th Court			PN 3: OF STATE, FLORI	ר		
	North Loxahatchee		33470 , Florida	9: 07 RBA			
	(City)		(Zip code)				

Courtney Thomas on behalf of InCorp Services, Inc.

(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: Title or Capacity: Name and Address: Name: Bryan Valencia Name: Pedro Delgado Manager Manager Address: 1275 Bound Brook Rd. Address: 1275 Bound Brook Rd. Member Member Ste. 8 Ste. 8 Authorized Authorized Middlesex, NJ 08846 Middlesex, NJ 08846 Person Person Other _____ Other Other_ Other_ Jorge Parra Manager Manager Manager Address: 1275 Bound Brook Rd. Member Member Stc. 8 Authorized Authorized Middlesex, NJ 08846 Person Person Owner Other_____ Other_ Other___ Name: _____ Name: ____ Manager Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other____ Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Jorge Parr

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

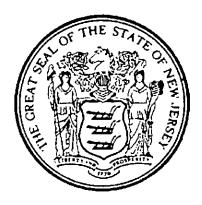
GENNEXT FUNDING, LLC 0600447492

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 05, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

CATHERINE PASTRIKOS KELLY MEYNER AND LANDIS LLP ONE GATEWAY CENTER, SUITE 2500 NEWARK, NJ 07102



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of February, 2019

Elizabeth Maher Muoio State Treasurer

Shak of Mun-

Certificate Number: 6095138422

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp