

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BERGER SINGERYAN LLP, FT. LAUDERDALE
Account Number : I20020000154
Phone : (954) 525-9900
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Markd@trezcapital.com

RECEIVED

2020 MAY 13 PM 2:39

**Foreign Limited Liability Company
Trez Forman Capital Florida Funding, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

45

✓

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. Trez Forman Capital Florida Funding, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

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

3. N/A

(FEI number, if applicable)

4. Upon filing

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

5. 1501 Corporate Drive, Suite 240

(Street Address of Principal Office)

Boynton Beach, FL 33421

6. 1700-745 Thurlow Street

(Mailing Address)

Vancouver, B.C. V6E 0C5

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 Park Avenue, 2nd Floor

Tallahassee

(City)

, Florida

32301

(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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

FILED
2020 MAY 13 PM 4:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Jeffrey Gersh

☐ Member Address: 1501 Corporate Drive, Ste 240

☐ Authorized Woolbright Executive Center

Person Boynton Beach, FL 33426

☒ Other Authorized Signatory ☐ Other

☐ Manager Name: Brett Forman

☐ Member Address: 1501 Corporate Drive, Ste 240

☐ Authorized Woolbright Executive Center

Person Boynton Beach, FL 33426

☒ Other President ☒ Other Secretary

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Alexander (Sandy) Manson

☐ Member Address: 1700-745 Thurston Street

☐ Authorized Vancouver, B.C. V6E 0C6

Person _____

☒ Other Vice President ☐ 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.

/s/ Barry D. Lapidés

Signature of an authorized person

Barry D. Lapidés

Delaware

The First State

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I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREE FORMAN CAPITAL FLORIDA FUNDING, 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 TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREE FORMAN CAPITAL FLORIDA FUNDING, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2016.

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



6004200 8300

SR# 20203792277

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JHULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Hullock, Secretary of State" is printed.

Jeffrey W. Hullock, Secretary of State

Authentication: 202919801

Date: 05-12-20