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| | gistration Section vision of Corporations | | | | | | | |
|-----------------------------------|---|--|--------------|--|--|--|--|--|
| UBJECT: | G2 FUNDING LLC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi | | | | | | |
| ease returi | n all correspondence concerning this matter to | o the following: | | | | | | |
| | Jack Aini | | | | | | | |
| | Name of Person | | | | | | | |
| | Aini & Associates PLLC | | | | | | | |
| | Firm/Company | | | | | | | |
| | 2615 Coney Island Avenue | | | | | | | |
| | Address | | | | | | | |
| | Brooklyn, New York 11223 | | | | | | | |
| | C | ity/State and Zip Code | - | | | | | |
| | soldayan@g2fundings.com | | | | | | | |
| | E-mail address: (to be | used for future annual report notification) | - | | | | | |
| or further i | information concerning this matter, please cal | II: | 267 | | | | | |
| Jack Aini | | 718 265-1544 at () | 2011 S | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | - | | | | | |
| Mailing Address: | | Street Address: | | | | | | |
| Registration Section | | Registration Section | άà | | | | | |
| Division of Corporations | | Division of Corporations | | | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |
| Ple | closed is a check for the following amount: case make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate c | e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, | | | | | | |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| G2 FUNDING LLC | | | | | | | |
|---|---|--------------------------------------|---|---------------------------|--------|--|--|
| (Name of Foreign | Limited Enability Company, must include "Limited | Liability Con | pany," "L.L.C.," or "LLC.") | | | | |
| (If name unavailable, enter alternate) | name adopted for the purpose of transacting business in FI | orida. The alterna | ite name must include "Limited Liability Comp | any," "1, 1, C," or "1,1, | .(",") | | |
| New York | | | 1835428 | ,, | · | | |
| 2. (Jurisdiction under the law of which foreign limited liability company is organized) | | | 3. (Fift number, if applicable) | | | | |
| 4. | | | | | | | |
| T | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine | registration) ne penalty habilit | ay) | | | | |
| 10 West 33rd Street, Suite 301 | | | Vest 33rd Street, Suite 301 | | | | |
| 5. (Street Address of Principal Office) | | | (Mailing Address) | | | | |
| New York, New York 10001 | | | New York, New York 10001 | | | | |
| | | | | | | | |
| | | <u>-</u> | | 2979.5 | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT accep | ntable) | (B) | | | |
| Name: | Reistered Agents Inc. | | _ | <u>.</u> | , | | |
| orr III | 7901 4th Street N. Suite 300 | | | F3 | | | |
| Office Address: | | | _ | ф ,,, | • | | |
| | St. Petersburg | | 33702 Florida | - | | | |
| (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.

Bell (Registered agent's signature)

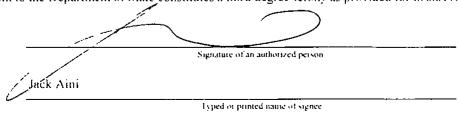
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: |
|--------------------|--------------------------------|--------------------|----------|-------------------|
| ■Manager | Name: Sol Dayan | □Manager | Name: | |
| □Member | Address: 10 West 33rd Street | □Member | Address: | |
| ■Authorized | Suite 301 | □Authorized | | |
| Person | New York, New York 10001 | Person | | |
| Other | □Other | □Other | | □Other |
| □Manager | Name: Jack Aini | □Manager | Name: | |
| ■Member | Address: 2615 Coney Island Ave | □Member | Address: | |
| ■Authorized | Brooklyn, NY 11223 | □Authorized | | |
| Person | | Person | | |
| □Other | Other | Other | | □ Other |
| | | | | 2920 5. |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | ੰਸ |
| □Authorized | | □Authorized | | |
| Person | | Person | | 2 |
| □Other | Other | 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.



State of New York Department of State } ss:

I hereby certify, that G2 FUNDING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/07/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of September two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Brandon C Hyles