בווסוחווסו לחולוס זו ווחופוגוים

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 : (845)818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address	·	

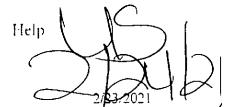
## Foreign Limited Liability Company **Apex Funding Source LLC**

Certificate of Status	0
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Page Count	01
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76383 · F	ខិត្តម: 3 of 3	2021-02-23 20:18:44 GMT	18886118813	From: Vcorp Ser
Sign Envelope ID: 59E2948C APPLICATION BY FO		A0B4B9159B1 ED LIABILITY COMPANY IN FLORIDA		TO TRANSACT BUSINESS
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BE		RIDA STATUTES, THE FOLLOWIN		\$ R A FOREIGN TIMITED LIABILITY
1. Apex Funding Source (Name of Foreign	LLC Limited Liability Con	apany; must include "Limited Liability	Company." "L.L.C." or "LLC.")	
(If name unavailable, enter alternate a	ame adopted for the purp	ose of transacting business in Florida. The al		lity Company," "L.L.C." or "LL.C.")
2. New York (Jurisdiction under the law of w	bich foreign hunted fisbili	ny company is organized)	832724282 (FEI numbe	r, if applicable:
4	Mate Gree trans with	of business in Floridy (Lenot to registration	· · · · · · · · · · · · · · · · · · ·	
		d husiness in Florida, if prior to registration 1904 & 605 0905, F.S. to determine penalty l		
5. 4610 ALTON RD (Sincer Address of	Principal Office)	<u> </u>	4610 ALTON RD (Mailing Addre	···)
Mismi Beach, l'L 331-			Miami Beach, FL 33140	
				207
7. Name and street addre	<u>ss</u> of Florida regis	tered agent: (P.O. Box <u>NOT</u> a	eceptable)	8
Name:	Veorp Services	, LLC	<del></del>	3 3 3 T
Office Address:	5011 South Stat	e Road 7, Suite 106		
	Davie		, Florida 33314 (Zip code	
Registered agent's accep	Mance:	(City)	(Zip code	
designated in this applica	ution, I hereby accions of all statute	s relative to the proper and co	ered agent and agree to act i	in this capacity. I further agree
	-	(Registered agent's signature)		
8. The name, title or cap <u>Title or Capacity:</u>	acity and address <u>Name</u>	of the person(s) who has/have and Address:	authority to manage is/are: tle or Capacity:	Name and Address:
Member		RT M EISENBERG		
<del></del>	4610 / <u>Miami</u>	ALTON RD Beach, FL 33140		
-		<del></del>		
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is org	more than 90 days old, duly an anized. (If the certificate is in a	thenticated by the official har foreign language, a translati	ving custody of records in the ion of the certificate under oath
10. This document is exe- submitted in a document	cuted in accordance to the Department	the with section 605 0203 (1) (b) of State constitutes a third degree by:	, Florida Statutes, I am awar ce felony as provided for in s	e that any talse information 6.817.155, F.S.
	Vole List	Signature of an auth	Prized person	<del></del>

Typed or printed name of signee

ROBERT M EISENBERG

To: 18506176383 ' Paue: 2 of 3 2021-02-23 20:18:44 GMT 18886118813 From: Vooro Services, LL-

## State of New York Department of State } ss:

I hereby certify, that APEX FUNDING SOURCE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/05/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Riennial Statement was filed 12/02/2020.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City, of Albany, this 22nd day of February two thousand and twenty-one.

Brandon C Hydron

Brendan C. Hughes Executive Deputy Secretary of State

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