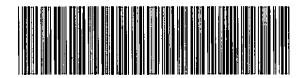
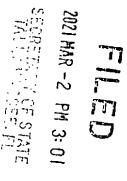
## N21000009383

(Re	(Requestor's Name)				
(Ac	ldress)				
	· -				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
_	<u> </u>	_			
(Bı	isiness Entity Nam	ne)			
(Do	ocument Number)				
•	•				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
opecial instructions to	Timing Officer.				
wavo00019996					
	<u>~_~</u>	· · ·			
	Office Use Onl	٧			



200359851242

02/09/21--01036--015 \*\*125.00



25/21/

Mortgage License Solutions LLC

420 Laurel Spring Court
Canton, Georgia 30114
Robin@Mortgagelicensesolutions.com

February 23, 2021

Fax (201) 701 20407

Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re:

 $(201)^{2}251-8001$ 

TCB Funding LLC

Ref. Number: W21000019996

Dear Sir or Madam:

In accordance with the instruction of your letter, dated February 14,202P a copy of which is enclosed, I return my client's Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida. The check for the filing fee, in the amount of \$125.00, was previously sent to you.

If you have any questions regarding this request, please do not hesitate to contact me. Thank you.

Sincerely,

Robin M. Gronsky

President

RMG:mrm Enclosures



February 14, 2021

ROBIN M. GRONSKY 420 LAUREL SPRING COURT CANTON, GA 30114

SUBJECT: TCB FUNDING LLC Ref. Number: W21000019996

We have received your document for TCB FUNDING LLC and your check(s) totaling \$125.00. 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.

Yvette Scott Document Specialist II

Letter Number: 021A00003294

RECEIVED

## **COVER LETTER**

10 mg 20

TO:

Registration Section Division of Corporations

	Name of Limited Liability Company	
	bility Company for Authorization to Transact Business in Floridabove referenced foreign limited liability company to transact business.	
ease return all correspondence concerning this ma	natter to the following:	
Robin M. Gronsky		
	Name of Person	
Mortgage License Solutions LLC	C	
<del></del>	Firm/Company	
420 Laurel Spring Court	- (新) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	Addicas	<del>0</del>
Canton, GA 30114	·	o P
Robin@Mortgagelicensesolutions	ر بران - در بران در	<u> </u>
E-mail address:	(to be used for future annual report notification)	
r further information concerning this matter, plea	ase call:	
Robin Gronsky	201 251-8001 at ( )	
Name of Contact Person	Area Code Daytime Telephone Number	r
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amo		
Please make check payable to: FLORIDA  ■ \$125.00 Filing Fee		

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

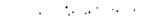
IN COMPLIANCE WITH SECTION ((15.19912), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Compa	ny," "L.L.C" or "LLC.	`i		<del></del>
name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited	Liability Com	pany," "l	L.C." or "L
New York		82-41 3	68308			
(Jurisdiction under the law of w	hich toreign limited liability company is organized)	۰	(FEI mu	mber, if applie	able)	<del></del>
2/2/2021				o Ei⊨:	202	
	(Date first transacted business in Florida, if prior to r See sections 605 0904 & 605 0905; F.S. to determin	registration.) ne penalty liability)			2021 HAR	
3512 Quentin Road		3512 (	Quentin Road		₹ -2	
eet Address of Principal Office)		6	dailing Address)		70 75:	77
Suite LL120		Suite l	LL120	Fig.	ယ္	
Brooklyn,1	45E11 YU	Brook	lyn, NY 11234	T II	0	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT accepti	hle			
Name:	Business Filings Incorporated					
Office Address:	1200 South Pine Island Road					
	Plantation		33324 . Florida			
	(City)	<del>-</del> _	(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.

allie Gulup Usst Sec. Business Filings Incorporated



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: Alan Herskovic	□Manager	Name:
■Member	Address: 3512 Quentin Road	□Member	Address:
□Authorized	Suite LL120	□Authorized	
Person	Brooklyn, NY 11234	Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name: S 22
□Member	Address:	□Member	
□Authorized		□Authorized	, 10 f
Person		Person	PEST SI
Other	Other	Other	广台 <b>o</b> 四日Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	

<u>Important Notice</u>: 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

Alan Herskovic, President and Member

Typed or printed name of signee

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

I hereby certify, that TCB FUNDING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/26/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of January two thousand and twenty-one.

Brendan C. Hughes
Executive Deputy Secretary of State

FILED
2021 MAR -2 PM 3:0
\*ECRETAN SEE STATE

202101290341 · M9