## Maarona617

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(Requestor's Name)						
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☐ P CK-UP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 691466 4810936

AUTHORIZATION : Small Home

COST LIMIT : \$(160.00

ORDER DATE: March 4, 2021

ORDER TIME : 10:31 AM

ORDER NO. : 691466-005

CUSTOMER NO: 4810936

FOREIGN FILINGS

NAME: CIRRUS REAL ESTATE FUNDING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

## COVER LETTER

	Registration Section Division of Corporations					
eub Ir.	CIRRUS REAL ESTATE FUNDING LL	С				
SUBJECT: Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.				
Please ret	urn all correspondence concerning this matter	to the following:				
	Gregory H. Gaugler					
	Name of Person					
	King & Spalding LLP	Firm/Company				
	Firm/Company					
	1130 Peachtree Road NE, Suite 1600	So P				
	Address mu					
	Atlanta, Georgia 30309	Address E. 52				
	City/State and Zip Code					
	jmcdonnell@cirrusrep.com					
	E-mail address: (to b	pe used for future annual report notification)				
For furthe	r information concerning this matter, please c	all:				
Gregory Gaugler		404 572-3412 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
P	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$125.00 Filing Fee  \$130.00 Filing Fee  Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate				

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

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

ign limited hability company is organized)  ite first transacted business in Florida, if prior to resections 605,0904 & 605,0905, F.S. to determin	3	[FEI number,	if applicable)	2021 HAR -9	
ite first transacted business in Florida, if prior to r e sections 605,0904 & 605,0905, F.S. to determin	egistration ) we penalty liability		if applicable)		
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		W. C.	$\omega_i$		erri Erri
400 Park Avenue, 5th Floor			OF ST	PH L	Ö
treet Address of Principal Office)			FL AIE	52	
New York, New York 10022			,.,		
oration Service Company					
Hays Street		_			
		<del>_</del>			
nhassee					
	orida registered agent: (P.O. Box poration Service Company	orida registered agent: (P.O. Box <u>NOT</u> acceptoration Service Company	orida registered agent: (P.O. Box NOT acceptable)  oration Service Company	orida registered agent: (P.O. Box NOT acceptable)  oration Service Company	orida registered agent: (P.O. Box NOT acceptable)  Poration Service Company

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:	
■Manager	Name: Joseph McDonnell	⊠Manager	Name: Tony Tufareillo
□Member	Address: 400 Park Avenue, 5th Floor	□Member	Address: 1200 Royal Palm Way
□Authorized	New York, New York 10022	□Authorized	Boco Raton, Florida 33432
Person	<del></del>	Person	<del></del>
□Other		□Other	Other
			Name: SECRETARY TO THE RESERVE TO TH
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	- COP R U
Person		Person	
□Other	Other	Other	***
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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.

Gregory H. Gaugler

Gregory H. Gaugler

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CIRRUS REAL ESTATE 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 FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIRRUS REAL ESTATE FUNDING LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

SSET OF PROPERTY OF THE PR



Authentication: 202651443

Date: 03-04-21