

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations ****3rd Request, please**
Fax Number : (850) 617-6393 **send letter asap**

From: Account Name : VCORP SERVICES, LLC
Account Number : T20080000067
Phone : (845) 425-0077
Fax Number : (945) 818-3538

****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
Haversine Funding II LLC**

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

K SALY
JUL 29 2021

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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. Haversine Funding II LLC

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

DE

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

3. _____
(FID number, if applicable)

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

2640 Golden Gate Pkwy, Ste 105

2640 Golden Gate Pkwy, Ste 105

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Naples, FL 34105

Naples, FL 34105

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314
(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.



Mimi Sanik

(Registered agent's signature)

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CLERK OF DISTRICT COURT
DAVIE, FLORIDA

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SECRETARY
TALLAHASSEE, FLORIDA

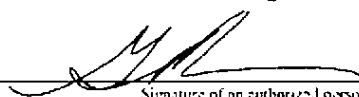
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Halstatt Capital, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Stan Vukmer</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>
<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>	<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>
Person	<u>Dallas, TX 75254</u>	Person	<u>Dallas, TX 75254</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>John D Desprez III Grandchildren Irrevocable Trust</u>	<input type="checkbox"/> Manager	Name: <u>John D. Desprez III Revocable Trust</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>
<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>	<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>
Person	<u>Dallas, TX 75254</u>	Person	<u>Dallas, TX 75254</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Patrick George</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Haversine Management LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>	<input type="checkbox"/> Member	Address: <u>c/o Haversine Funding</u>
<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>	<input type="checkbox"/> Authorized	<u>14555 Dallas Parkway, Suite 100-313</u>
Person	<u>Dallas, TX 75254</u>	Person	<u>Dallas, TX 75254</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Gen Merritt-Parikh

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVERSINE FUNDING II 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 FOURTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVERSINE FUNDING II LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2021.

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

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA



5794541 8300

SR# 20212707928

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203676346

Date: 07-14-21