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| ☐ PICK-UP ☐ WAIT ☐ MAIL                 |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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### COVER LETTER

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| TO:               | Registration Section Division of Corporations   |   |
|-------------------|---|---|
| SUBJI             | Tomoka Funding, LLC   |   |
| VV 54.            |   | Name of Limited Liability Company   |
| The en<br>Exister | closed "Application by Foreign Limited Lia  | ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida |
| Please            | return all correspondence concerning this m   | natter to the following:  |
|                   | Zac McGrath   |   |
|                   | ···   | Name of Person  |
|                   | Tomoka Funding, LLC   |   |
|                   |   | Firm/Company  |
|                   | 128 Eudora St   |   |
|                   |   | Address   |
|                   | Denver, CO 80220  |   |
|                   | · · · · · · · · · · · · · · · · · · ·   | City/State and Zip Code   |
|                   | zacmcgrath@gmail.com  |   |
|                   | E-mail address:   | (to be used for future annual report notification)  |
| For fur           | ther information concerning this matter, plea   | ase call:   |
|                   | Zac McGrath   | 303 345-4261<br>at ()   |
|                   | Name of Contact Person  |   |
|                   | Mailing Address: Registration Section   | Street Address: Registration Section  |
|                   | Division of Corporations  | Division of Corporations  |
|                   | P.O. Box 6327   | The Centre of Tallahassee   |
|                   | Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303   |
|                   | Enclosed is a check for the following amo Please make check payable to: FLORIDA  \$125.00 Filing Fee \$130.00 Fili  Certifi | A DEPARTMENT OF STATE   |

### 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:

| Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)   |  | name adopted for the purpose of transacting busin  | ness in Florida. The alternate name must include "Limited Liability Compa   | ry," "L.L.C," or "LL)          |
|--|--|--|---|--------------------------------|
| (Dece first transacted business in Florida. If prior to reparention.) (See sections 603 0904 & 603 0904 F. S. to determine penalty liability)  28 Eudora St  6.  | olorado  |  | 7   |                                |
| (Cny)  (Dete first transacted business in Florida. If prior to registration.) (See sections 603 6904 & 603,0903, F.S. to determine penalty liability)  28 Eudora St  Address of Principal Office)  enver, CO 80220  Denver, CO 80220  Denver, CO 80220  Denver, CO 80220  Michael Rodriguez  Name:  Office Address:  Daytona Beach  Daytona Beach  Daytona Beach  Daytona Beach  Stered agent's acceptance:  Ing been named as registered agent and to acceptaervice of process for the above stated limited liability company at the principal of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further  | Jurisdiction under the law of v  | hich foreign limited liability company is organiz  | ed) (FEI number, if applicabl   | c)                             |
| 28 Eudora St  Address of Principal Office)  enver, CO 80220  Denver, CO 80220  Denver, CO 80220  Denver, CO 80220  Michael Rodriguez  Name:  Office Address:  Daytona Beach  Daytona Beach | October 1st, 2021  |  |   |                                |
| Address of Principal Office)  enver, CO 80220  Denver, CO 80220  Denver, CO 80220  Denver, CO 80220  Michael Rodriguez  Name:  Michael Rodriguez  Name:  Daytona Beach  Day |  | (Date first transacted business in Florida, if<br>(See sections 605 0904 & 605,0905, F.S. to   | prior to registration ) o determine penalty liability)  |                                |
| Address of Principal Office)  enver, CO 80220  Denver, CO 80220  Denver, CO 80220  Denver, CO 80220  Michael Rodriguez  Name:    Michael Rodriguez   Michael Rodriguez | 28 Eudora St   |  |   |                                |
| Ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Michael Rodriguez  Name:  444 Scabrecze Blvd  Office Address:  Daytona Beach  (Cny)  Stered agent's acceptance:  Ing been named as registered agent and to accept service of process for the above stated limited liability company at the process in this application, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further   | Address of Principal Office)   | _  | (Mailing Address)   |                                |
| ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Michael Rodriguez  Name:  Daytona Beach  Daytona Beach  (Cny)  Stered agent's acceptance:  In given named as registered agent and to accept service of process for the above stated limited liability company at the protection, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further  | enver, CO 80220  |  | Denver, CO 80220  |                                |
| Name:  Office Address:  Daytona Beach  City  Daytona Beach  City  Stered agent's acceptance:  In been named as registered agent and to accept service of process for the above stated limited liability company at the process in this application, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further  |  | <del>-</del>   |   |                                |
| Office Address:  Daytona Beach  (City)  Stered agent's acceptance:  In been named as registered agent and to accept service of process for the above stated limited liability company at the process in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further   | ame and <u>street addre</u>  | ss of Florida registered agent: (P.C   | D. Box NOT acceptable)  | 2672                           |
| stered agent's acceptance:  ng been named as registered agent and to accept service of process for the above stated limited liability company at the parties of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further   |  | _ , ,  | ). Box <u>NOT</u> acceptable)   | 202 July 1                     |
| stered agent's acceptance:  ng been named as registered agent and to accept service of process for the above stated limited liability company at the process in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further   | Name:  | Michael Rodriguez  | D. Box NOT acceptable)  | 2022 J.E. F. J. F.E.           |
|  | Name:  | Michael Rodriguez  444 Scabrecze Blvd  | 32118   | 2020 JAH 11 JAHA 2             |
|  | Name: Office Address: stered agent's accepting been named as repaired in this application with the provisi | Michael Rodriguez  444 Scabrecze Blvd  Daytona Beach  (City)  stance: rgistered agent and to accept servition, I hereby accept the appoint | 32118  Florida  (Zip code)  ce of process for the above stated limited liability coment as registered agent and agree to act in this caperoper and complete performance of my duties, and | mpany at the pacity. I further |

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: Zac McGrath      | □Manager          | Name: Mary McGrath     |  |  |
| ■Member            | Address: 128 Eudora St | ≅Member           | Address: 128 Eudora St |  |  |
| □Authorized        | Denver, CO 80220       | □ Authorized      | Denver, CO 80220       |  |  |
| Person             |                        | Person            |                        |  |  |
| Other              |                        | □ Other           | □ Other                |  |  |
|                    |                        |                   | 7022<br>               |  |  |
| □Manager           | Name:                  | □Manager          | Name:                  |  |  |
| □Member            | Address:               | □Member           | Address:               |  |  |
| □Authorized        |                        | □Authorized       | 779                    |  |  |
| Person             |                        | Person            | <del></del>            |  |  |
| □Other             | □Other                 | □Other            |                        |  |  |
|                    |                        |                   |                        |  |  |
| □Manager           | Name:                  | □Manager          | Name:                  |  |  |
| □Member            | Address:               | □Member           | Address:               |  |  |
| □Authorized        |                        | □Authorized       |                        |  |  |
| Person             | <u> </u>               | 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.

| Jac Mc Grai | th                                |  |
|-------------|-----------------------------------|--|
|             | Signature of an authorized person |  |
| Zac McGrath |                                   |  |
|             | Typed or printed name of signee   |  |

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tomoka Funding, LLC

is a

#### Limited Liability Company

formed or registered on 10/10/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201879176.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/10/2021 that have been posted, and by documents delivered to this office electronically through 12/13/2021 @ 15:59:50.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/13/2021 @ 15:59:50 in accordance with applicable law. This certificate is assigned Confirmation Number 13649428



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.com/state/som/share/scarchCeneria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.com/scarchCenerial/sharesses, trademarks, trade names" and select "Frequently Asked Questions."