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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCF Management LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shahan Lee  
Name of Person  
Orange Capital Funding LLC  
Firm/Company  
27615 US Highway 27 #109-260  
Address  
Leesburg, FL 34748  
City/State and Zip Code  
shawn@orangecapitalfunding.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shahan Lee at (352) 815-8778  
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  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. OCF Management 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.")

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

3. 47-2773773  
(FEI 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)

5. 27615 US Highway 27 #109-260  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Leesburg, FL 34748

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

Name: Shahan Lee

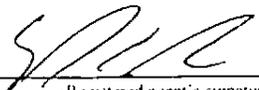
Office Address: 27615 US Highway 27 #109-260

Leesburg, Florida 34748  
(City) (Zip code)

2024 AUG 22 PM 4:10

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.

  
(Registered agent's signature)

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:**

Manager              Name: Shahan Lee

Member              Address: 27615 US Highway 27 109-260

Authorized              Leesburg, FL 34748

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Shahan Lee  
 \_\_\_\_\_  
 Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That OCF Management LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on October 19, 2016; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 18, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission