

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2020 SEP 17 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L18000103574

1. Limited Liability Company's Name
TCP Funding LLC

400352321034
09/17/20--01023--013 **100.00
CR2ED41 (1/14)

2. Principal Office Address - No PO Box #
2914 1/2 BEACH BLVD S

3. Mailing Office Address

Suite, Apt. # etc
UNIT # 3

City & State
GULFPORT FL

Zip Country
33707 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
4-2-18

6. FEI Number
83-1857924

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
SEAN SIMPSON

Street Address (P.O. Box Number is Not Acceptable) Suite,
2914 1/2 BEACH BLVD SOUTH

Apt. #, Etc
UNIT # 3

City State Zip Code
GULFPORT FL 33707

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature] Date 8/13/20

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
VP	STEPHEN MCKENNA	2914 1/2 BEACH BLVD	GULFPORT FL 33707
CEO	LEAHAN R. FLEMMING	2914 1/2 BEACH BLVD	GULFPORT FL 33707
REINSTATEMENT			SEP 17 2020
			R. HUNT

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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 authorized representative/member [Signature] Date 8/15/20 Daytime Phone # 904-699-7574

Typed or printed name of signing authorized representative/member _____