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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	·
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: BNP PARIBAS INVESTMENT SERVICES, LLC
	(Name of Limited Liability Company)
Florida	aclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in a," Certificate of Existence, and check are submitted to register the above referenced foreign limited y company to transact business in Florida
Please	return all correspondence concerning this matter to the following:
	MELISSA A. MURRY
	(Name of Person)
	INCORPORATING SERVICES, LTD.
	(Firm/Company)
	1540 GLENWAY DR.
	(Address)
	TALLAHASSEE, FL 32301
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Meliona at (
	(Alea Code & Daytine Telephone Number)
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amount:  [ \$\sum_\$125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BNP PARIBAS INVESTMENT SERVICES, LLC (Name of Foreign Limited Liability Company) (Inrisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) Perpetual December 15, 1997 (Duration: Year limited liability company will co (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 201 S. Biscayne Boulevard, Suite 1280 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Seno A. Bril, General Manager, 201 S. Biscayne Blvd., Suite 1280, Miami, FL 33131 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a fireign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an application representative of a member. (In accordance with section 608.408(3), 1.5., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Seno A. Bril

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608 415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

•	The name and the Florida street address of the registered agent and office are:
	C I Cosporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P O Box NOT ACCEPTABLE)
	Plantation, Fiorida 33324
	City/State/Zep

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 certificate, I hereby accept the appointment as registered agent and agree to ackin this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

Peter F. Souza Assistant Secretary

\$ 100.60 Filing Fee for Application
\$ 25.00 Designation of Registered Agent .
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BNP PARIBAS INVESTMENT SERVICES, 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 NINTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BNP PARIBAS INVESTMENT SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 1997.

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

Harriet Smith Windsor, Secretary of State

Varret Smith Hend

AUTHENTICATION: 5099693

DATE: 10-09-06

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