

M08000000673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

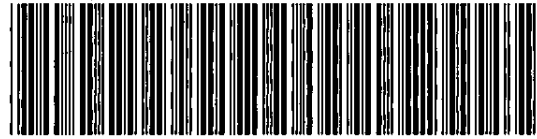
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600117233216

02/11/08--01002--001 \*\*310.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 FEB - 8 PM 2:55

**FILED**

H. Gilligan FEB - 8 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNDERWRITER RE CAPITAL 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:

JULIE HANCOCK

(Name of Person)

LAW OFFICES OF MICHAEL LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Person)

at ( 954 ) 345-6442

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2008

JULIE HANCOCK  
LAW OFFICES OF MICHAEL LAPAT  
3300 UNIVERSITY DRIVE, SUITE 311  
CORAL SPRINGS, FL 33065

SUBJECT: UNDERWRITER RE CAPITAL MANAGEMENT, LLC  
Ref. Number: W08000004477

We have received your document for UNDERWRITER RE CAPITAL MANAGEMENT, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 208A00005711

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. UNDERWRITER RE CAPITAL 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELAWARE 3. 26-1457495  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-20-2007 5. 12-31-2051  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8777 SAN JOSE BLVD SUITE 902  
JACKSONVILLE FL 32217  
(Street Address of Principal Office)

**FILED**  
08 FEB - 8 PH 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

M. CURT GEISLER  
8777 SAN JOSE BLVD SUITE 902  
JACKSONVILLE FL 32217

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 foreign 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: \_\_\_\_\_  
MANAGER OF A PRIVATE INVESTMENT COMPANY

M. Curt Geisler  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. CURT GEISLER, MANAGER  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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.

1. The name of the Limited Liability Company is:

UNDERWRITER RE CAPITAL MANAGEMENT, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

M. CURT GEISLER, DELAWARE CORPORATIONS, LLC

(Name)

8777 SAN JOSE BLVD SUITE 902

Florida Street Address (P.O. Box NOT ACCEPTABLE)

JACKSONVILLE 32217 FL

City/State/Zip

**FILED**  
08 FEB - 8 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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 act in 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)

M. CURT GEISLER, MANAGER

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNDERWRITER RE CAPITAL MANAGEMENT, 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 FOURTH DAY OF JANUARY, A.D. 2008.

4461309 8300

071296206



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

**AUTHENTICATION: 6287348**

**DATE: 01-04-08**