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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CURPORATIONS

#### Antipodes, LLC

611 Druid Road East Suite 401 Clearwater, FL 33756

November 19, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Attached is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. A check is enclosed in the amount of \$125.00 for the \$100.00 filing fee and \$25.00 Designation of Registered Agent fee. If there are any questions regarding this completed form, please contact:

Patricia Mavrakis 611 Druid Road East Suite 401 Clearwater, FL 33756 (727) 441-3474

Thank you for your assistance.

Sincerely,

Gary R Boesch

President of Managing Member

#### **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: Antipodes, LLC	
	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Patricia Mavrakis	
(Nar	ne of Person)
Antipodes, LLC	
(Firr	n/Company)
611 Druid Road E, Suite 40	)1 · · · · · · · · · · · · · · · · · · ·
	Address)
Clearwater, FL 33756	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Patricia Mavrakis	at ( 727 ) 441-3474
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of S}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

### 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1 Antipodes, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	.LC.")	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lin Company," "L.L.C.," "LLC.")		
<sub>2.</sub> Delaware <sub>3.</sub> 26-2101069		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		_
4. 02/08/2008 (Date of Organization)  5. Perpetual (Duration: Year limited liability company wiexist or "perpetual")	ill cease to	<del></del>
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	80	SEAIIC
7. 611 Druid Rd E., Suite 401	NON	- <u>1</u> 22
Clearwater, FL 33756	2	PF C
(Street Address of Principal Office)	PH .	
8. If limited liability company is a manager-managed company, check here	2: 09	
9. The name and usual business addresses of the managing members or managers are as follow		10 K
Capital Resources of Chicago, Inc.		
611 Druid Rd E, Suite 401		_
Clearwater, FL 33756		_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having content in the first of the certificate is in a foreign large ranslation of the certificate under eath of the translator must be submitted.)	•	
11. Nature of business or purposes to be conducted or promoted in Florida: General		_
Sent May 1		
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.)  Gary Boesch, President of LLC Manager Member		

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.

The name of the Limited Liability Company is:	
antipodes, LLC	
name unavailable, the alternate name to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	
Patricia Mavrakis	
(Name)	
611 Druid Road E., Suite 401	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Clearwater, FL 33756 <sub>FL</sub>	
City/State/Zip	
<b>,</b>	

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)

\$ 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 "ANTIPODES, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2008.

4502096 8300

081000054

You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6924898

DATE: 10-22-08