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Division of Corporations

fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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## Foreign Limited Liability Company CAPSICUM GROUP, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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**EXAMINER** 

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

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| IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;  |
|--|
| 1. CAPSICUM GROUP, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")   |
| 2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized)  3. 56-2359924 (FEI number, if applicable)  |
| 4. May 22, 2003 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will chake to exist or "perpetual")   |
| 0. MATCH 23, 2012  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. 200 East Broward Boulevard, Suite 1330  |
| Fort Lauderdale, FL 33301 (Street Address of Principal Office)   |
| <ol> <li>If limited liability company is a manager-managed company, check here</li> <li>The name and usual business addresses of the managing members or managers are as follows:</li> <li>Samuel Goldstein 2929 Arch Street, #1525, Philadelphia, PA 19104</li> </ol>   |
| <ol> <li>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 cath of the translator must be submitted.)</li> <li>Nature of business or purposes to be conducted or promoted in Florida: Technology</li> </ol> |
| Signature of a member or an authorized representative of a member.  (In securitmen 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.)  Samuel Sald Stein  Typed or printed name of signee              |

M BURR KEIM CO (((H120000899093)))

# 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:                                   |  |
|--|--|
| CAPSICUM GROUP, LLC  |  |
| If unavailable, the alternate to be used in the state of Florida is:               |  |
| 2. The name and the Florida street address of the registered agent and office are: |  |
| W. Bradley Munroe, Esquire   |  |
| (Name)   |  |
| 239 East Virginia Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)         |  |
| Tallahassee FL 32301 City/State/Zip  |  |

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.



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

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**APRIL 5, 2012** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### CAPSICUM GROUP, LLC

Is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 10221433-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp