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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

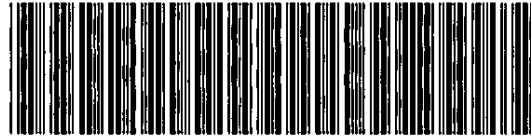
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guffey JAN - 2 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOX CAPITAL, 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:

FRANCISCO A. CORRALES, ESQ.  
Name of Person

SILVERBERG & WEISS, P.A.  
Firm/Company

1290 WESTON ROAD, SUITE 218  
Address

WESTON, FL 33326  
City/State and Zip Code

PSILVERBERG@PKSLEGAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FCORRALES@PKSLEGAL.COM 954 384-0998  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
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

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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. FOX CAPITAL, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FOX CAPITAL OF DELAWARE, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3279558

(FEI number, if applicable)

4. 07/25/2013

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A

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

7. 15970 W. STATE ROAD 84 #503

SUNRISE, FL 33326

(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:

MANAGER - OTTO PICCARDO

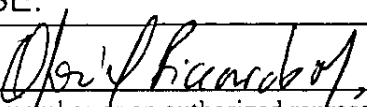
15970 W. STATE ROAD 84 #503

SUNRISE, FL 33326

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:

ANY LAWFUL PURPOSE.

  
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. I am aware that any 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.)

OTTO PICCARDO, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**CONSENT OF MANAGERS TO ACTION WITHOUT A MEETING  
OF  
FOX CAPITAL, LLC**

Re: Alternate Name Selection for Florida Qualification

The undersigned, being all of the Managers of Fox Capital, LLC, a Delaware limited liability company (the "Company"), hereby consent to the adoption of the following resolutions without the need for a meeting or prior notice pursuant to applicable law.

1. ADOPTION OF ALTERNATE NAME FOR TRANSACTING BUSINESS IN FLORIDA

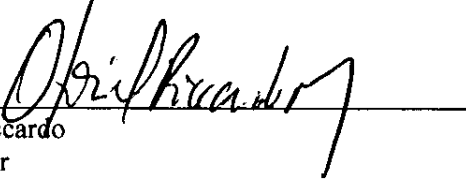
RESOLVED, that in the event the State of Florida's Division of Corporations deems the Company's name ("Fox Capital, LLC") to be unavailable for registration, for purposes of transacting business within the State of Florida, the Company adopts the following alternate name:

FOX CAPITAL OF DELAWARE, LLC

The Managers hereby adopt this Action by Written Consent as of December 11, 2013.

**THE MANAGERS**

X

  
\_\_\_\_\_  
Otto Piccardo  
Manager

**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:

**FOX CAPITAL, LLC**

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

**FOX CAPITAL OF DELAWARE, LLC**

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

**SILVERBERG & WEISS, P.A.**

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(Name)

**1290 WESTON ROAD, SUITE 218**

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

**WESTON**

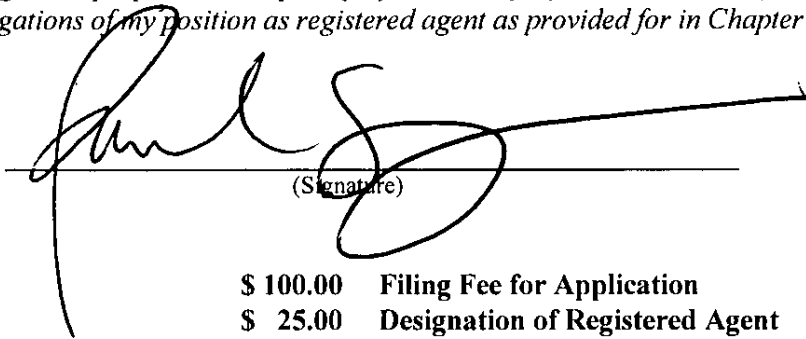
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FL  
City/State/Zip

**33326**

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*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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

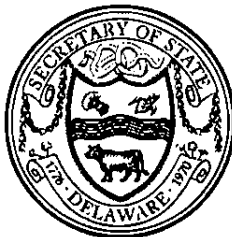
PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOX CAPITAL, 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 DECEMBER, A.D. 2013.

5373221 8300

131391503



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0958096

DATE: 12-09-13