# 814800000JIM

(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



500289283285

2018 RET 21 A 4 54 s

FILED

**S Warren** 0CT 2 4 2016

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 339196 7744403

AUTHORIZATION : Smellelage

COST LIMIT : \$\square{160.00}

ORDER DATE: October 19, 2016

ORDER TIME : 3:19 PM

ORDER NO. : 339196-005

CUSTOMER NO: 7744403

#### FOREIGN FILINGS

NAME: ARROYO CAPITAL, LLC

 $\underline{XXXX}$  QUALIFICATION (TYPE:  $\underline{LL}$ )

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: COURTNEY WILLIAMS- EXT# 62935

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJ	Arroyo Capital, LLC								
		Name of L	imited Liability (	Company					
					nsact Business in Florida," Certificate o company to transact business in Florida				
Please	return all correspondence conce	erning this matter to the	following:						
		Na	me of Person						
	Corporation Service	Company							
		Firm/Company							
	1201 Hays Street	1201 Hays Street							
			Address						
	Tallahassee, FL 323	01							
		City/St	ate and Zip Code						
	E	mail address: (to be used	for future annual	report not	ification)				
For fu	urther information concerning thi			•	·				
		, , , , , , , , , , , , , , , , , , ,							
	Name of Co	ontact Person	at ( Area Code	_) Day	time Telephone Number				
	MAILING ADDRESS:	maci i cigim	mon cone		ADDRESS:				
Division of Corporations			Division of Corporations						
Registration Section					on Section				
	P.O. Box 6327			Clifton B	•				
	Tallahassee, FL 32314				cutive Center Circle ee, FL 32301				
Enclo	sed is a check for the following			A	ET ALZO DA ICIV. C. C. C. C. C.				
	_	\$130.00 Filing Fee & ertificate of Status	Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Arroyo Capital, LLC				
(Name of Fore	eign Limited Liability Company: must include "Limited Li	ability Company." "L.L	C" or "LLC.")	<del></del>
Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting businesses of transacting businesses of transacting businesses.	ess in Florida. The altern	nate name must in	clude "Limited
2. Delaware				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	plicable)	<del></del>
4				
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to determin	o registration.) ne penalty liability)		
5. 333 South Grand Ave,	28th Floor, Los Angeles, CA 90071		<del></del>	
<u>.</u>	(Street Address of Principal Office)		<del></del>	
6. 333 South Grand Ave.	28th Floor, Los Angeles, CA 90071			
	(Mailing Address)			2
7 Nous and street address			) ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	3 <b>11</b>
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box NOT acception Forming Company)	nable)		an pro mateur
Name:	Corporation Service Company	<del></del>		- 'm
Office Address:	1201 Hays Street	_	<u></u>	> [
	Tallahassee	, Florida	10.11	₽ O
Registered agent's accep	(City)	(Zip e	ode) Rifi	ž.
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the service of all statutes relative to the proper and complete my position as registered opent.  (Registered agent's signature	ugent und agree to a te performance of my	ct in this capacit	ty. I further agree m familiar with an Williams
8. The name, title or capa Arroyo Capital, LLC	acity and address of the person(s) who has/have autho	ority to manage is/are	:	_
c/o Jeffrey B. Brouelettc,	Principal			
333 South Grand Ave, 28	th Floor, Los Angeles, CA 90071			<b>-</b>
	of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a fore ubmitted)			
	On B Bysne, &	, <u></u>		
	Signature of an authorized pers	on		
	d in accordance with section 605.0203 (1) (b), Florida to the Department of State constitutes a third degree fe			
	Jeffrey B. Brouelette			

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARROYO 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 NINETEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARROYO CAPITAL,

LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 203190782

Date: 10-19-16