

M17000007555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

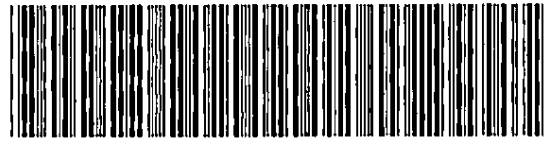
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 SEP - 1 AM 9:29
STATE OF ILLINOIS
DEPARTMENT OF STATE

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K. SALY
SEP - 5 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserve.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE 9/1/2017

PRIORITY Routine

OUR REF # (Order ID#) 596888

ORDER ENTITY
CALYPSO ADVISORS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
CALYPSO ADVISORS, LLC (FL)

File the attached foreign qualification document

NOTES:
\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Calypso Advisors, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 3315 Collins Avenue, Unit 5C
(Street Address of Principal Office)
Miami Beach, FL 33140

6. 3315 Collins Avenue, Unit 5C
(Mailing Address)
Miami Beach, FL 33140

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 TALLAHASSEE FLORIDA
 DEPARTMENT OF STATE

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Casey Gard
 Office Address: 3315 Collins Avenue, Unit 5C
Miami Beach, Florida 33140
(City) (Zip code)

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/Casey Gard
(Registered agent's signature)

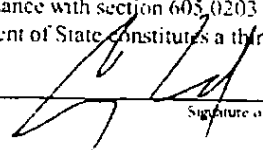
8. The name, title or capacity and address of the person(s) who has have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Casey Gard</u> <u>3315 Collins Ave., Unit 5C</u> <u>Miami Beach, FL 33140</u>	_____	_____
<u>Member</u>	<u>Melissa Gard</u> <u>3315 Collins Ave., Unit 5C</u> <u>Miami Beach, FL 33140</u>	_____	_____

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person
Casey Gard
Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALYPSO ADVISORS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALYPSO ADVISORS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 1999.

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

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

3104201 8300

SR# 20175979396

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

Authentication: 203153100

Date: 08-31-17