

# B110000000013

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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H110001385809ABC.

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To: Division of Corporations  
Fax Number : (850) 617-6333

*Please file  
2nd after*

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAG00000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5358

*H 11-4482*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### FLORIDA/FOREIGN LP/LLLP CastleOak Securities, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN -2 AM 7:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

JUN -8 2011

EXAMINER



May 25, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

SUBJECT: CASTLEOAK SECURITIES, L.P.  
REF: W11000028721

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please list the complete principal office address.

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H11000138580  
Letter Number: 111A00012921

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. CastleOak Securities, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership; which must include suffix)  
 Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
 Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 01/16/2003

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

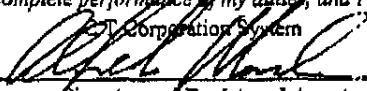
C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

5. 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.

By:

  
 Signature of Registered Agent

7. Principle Office: (Florida Street Address)

8. Mailing Address:

110 East 59th Street

New York, NY 10012

9. If limited partnership is a limited liability limited partnership, check box

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: CastleOak Management, LLC

Name of General Partner: M11000002830

Street Address: 110 East 59th Street

Street Address: \_\_\_\_\_

New York, NY 10022

Mailing Address: 110 East 59th Street

Mailing Address: \_\_\_\_\_

New York, NY 10022

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 DIVISION OF CORPORATIONS  
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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_


Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23<sup>rd</sup> day of May, 2011

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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# Delaware

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*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLEOAK SECURITIES, L.P." 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-THIRD DAY OF MAY, A.D. 2011.

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

3615266 8300

110602928



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8781964

DATE: 05-23-11

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