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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

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TALLAHASSEE, FLORIDA

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FOREIGN PROFIT QUALIFICATION

Affiliated Investment Managers, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Affiliated Investment Managers, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Dunn, Corporate Paralegal
(Name of Person)

Bose, Casey, Ciklin et al, P.A.
(Firm/Company)

515 N. Flagler DR. #1900
(Address)

West Palm Beach, FL 33401
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Lisa Dunn at (561, 832-5900 ext. 235
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AFFILIATED INVESTMENT MANAGERS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. 51-0379291
(FEI number, if applicable)

4. 2-2-98
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 27-3349
BOCA RATON, FL 33427
(Current mailing address)

8. ANY LAWFUL BUSINESS PURPOSE INCLUDING, NOT LIMITED TO, DUTIES OF GENERAL PARTNER CORPORATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: STACY MCMILLEN ESQ

Office Address: 3301 NW BOCA RATON BLVD # 200

BOCA RATON, Florida, 33431
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

STACY MCMILLEN
(Registered agent's signature)

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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: GARY L. SHAPIRO

Address: 3301 NW BOCA RATON BLVD # 200
BOCA RATON FL 33431

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: GARY L. SHAPIRO

Address: 3301 NW BOCA RATON BLVD # 200
BOCA RATON FL 33431

Vice President:

Address:

Secretary: DARCY McMILLEN

Address: 3301 NW BOCA RATON BLVD #200
BOCA RATON FL 33431

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [signature] ASST. SEC.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GARY L SHAPIRO PRESIDENT
(Typed or printed name and capacity of person signing application)

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State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFFILIATED INVESTMENT MANAGERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2000.

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0612443

DATE: 08-10-00

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