

FK4000003250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

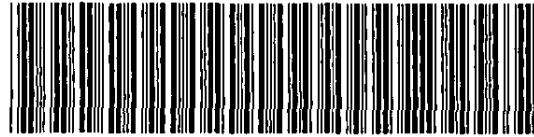
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Special Instructions to Filing Officer:

W114-47064

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DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
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TALLAHASSEE, FLORIDA

14 JUL 31 AM 8:20

11/17

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/31/14

NAME: DOLPHIN ASSET MANAGEMENT CORP.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dolphin Asset Management Corp.

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," or "Certificate of Good Standing" 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:

Peter E. Salas

Name of Person

Dolphin Asset Management Corp.

Firm/Company

P.O. Box 16867

Address

Fernandina Beach, FL 32035

City/State and Zip code

fran@raii.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Fran Ross

Name of Person

at 339, 219-0466

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: DOLPHINE ASSET MANAGEMENT GROUP.
Ref. Number: W14000047064

We have received your document for DOLPHINE ASSET MANAGEMENT GROUP, and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 414A00016474

Please keep original
file date. Also,
Please correct
spelling of Dolphin
Thanks!

APPROVED
AND
FILED

14 JUL 31 AM 8:20

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Dolphin Asset Management Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. 13-4002856

(FBI number, if applicable)

4. 05/01/1998

(Date of incorporation)

5. Perpetual

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

6. Upon Filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Dolphin Asset Management Corp., 4828 First Coast Highway, Suite 5, Fernandina Beach, FL 32034

(Principal office address)

Dolphin Asset Management Corp., P.O. Box 16867, Fernandina Beach, FL 32035

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

Florida 32301

(Zip code)

9. 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.

Kenn H. Hylton Assistant Secretary
(Registered agent's signature)

10. 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.

APPROVED
AND
FILED

11. Names and business addresses of officers and/or directors:

14 JUL 31 AM 8:21

A. DIRECTORS

Chairman: Peter E. Salas

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: Dolphin Asset Management Corp., P.O. Box 16867
Fernandina Beach, FL 32035

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Peter E. Salas

Address: Dolphin Asset Management Corp., P.O. Box 16867
Fernandina Beach, FL 32035

Vice President: _____

Address: _____

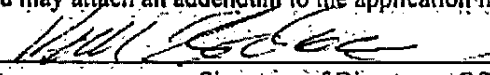
Secretary: _____

Address: _____

Treasurer: Peter E. Salas

Address: Dolphin Asset Management Corp., P.O. Box 16867, Fernandina Beach, FL 32035

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

13. Peter E. Salas

(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED

**State of New York
Department of State** } ss:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I hereby certify, that the Certificate of Incorporation of DOLPHIN ASSET MANAGEMENT CORP. was filed on 05/01/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 29th day of July
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State