

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.

(((H16000104838 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850)205-8842
Fax Number : (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Interlaken Capital, Inc.

الاحجالات و درون بازن و درون	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

APR 28 2016

S MASON

COVER LETTER

TO:	Registration S					
	Division of C					
/3 T Y has 1		en Capital, Inc.				
SUBJ	ECT:					
		Nam	e of corporation	on - mus	t include suffix	
Dear S	Sir or Madam;					
"Certif	ficate of Exister	ation by Foreign (ace," or "Certifica (gn corporation to	ite of Good Sta	ınding"	and check are su	act Business in Florida," bmitted to register the
	return all corre: M. Vitti	spondence concer	ming this matt	er to the	following:	
			Name o	f Person		
Interial	ken Capital, Inc.		. , , , , , , , , , , , , , , , , , , ,			
			Firm/Co	mpany		
475 Std	amboat Road					
		·				
Greenw	vich, CT 06830		Add	ress		
			City/State	and Zip	code	
jmv@it	nterlakencapital.c	om				
	- · <u> </u>	E-mail addre	ss: (to be used	for futu	ire annual report	notification)
For fur	ther information	n concerning this	matter, please	call:		
			, Jerman	 ,		
James N	M. Vitti		203	618-4805		
	Name of Perso	on	at (Area Co) le	Daytime Telep	hone Number
		URIER ADDRE	SS:		MAILING A	
Registration Section Division of Corporations			Registration Section Division of Corporations			
	Clifton Buildin				P.O. Box 632	
2661 Executive Center Circle			Tallahassee, FL 32314			
	Tallahassee, Fl	7. 3 23 01				
Enclose	ed is a check for	the following an	nount;			
s \$70.	.00 Filing Fee	S78.75 Filio Certificate			5 Filing Fee & fied Copy	S87,50 Filing Fee, Certificate of Status & Certified Copy

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. Interlaken Capital, Inc. 1. (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) 06-1603327 (State or country under the law of which it is incorporated) (FEI number, if applicable) 12/27/2000 Perpetual (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) 475 Steamboat Road, Greenwich, CT 06830 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City)

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.

Assistant Secretary, CT Corporation System

(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.

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

A. DIR	ECTORS William R. Berkley			
Address:	600 Brickell Avenue, 39th floor	_		.,
Audress;	Miami, FL 33131			- -
Vice Cha	irman;			
Address:				
Director:				
		_	<u></u>	
Director:				
		<u> </u>		
	ICERS William R. Berkiey		fica figure con con	7- 7-1
resident Address:	600 Brickell Avenue, 39th floor	2.8	<u>-</u> :	TOTAL PROPERTY.
Mulcas,	Miami, FL 33131	inc.	17	m
ice Pres	William L. Mahone ident:	STA OR	ÿ	O
ddress:	600 Brickell Avenue, 39th floor	DA Maj	59	
	Miami, FL 33131			
ecretary.		-		
Address:	James M. Vitti			
'reasurer address;	475 Steamboat Road, Greenwich, CT 06830			
ЮТЕ: 2(If noecssary, you may atted an addendum to the application listing additional offi	cers and/o	r directo	ors.
re true a third do Jame	Signature of Director or Officer per or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S. as M. Vitti, Treasurer			
3	(Typed or printed name and capacity of person signing application))		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "INTERLAKEN CAPITAL, 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 TWENTY-SEVENTH DAY OF APRIL, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202220137

Date: 04-27-16

3336899 8300 SR# 20162611729