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(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporation	ns		
Andreeff Manage	ment Corporation		
SUBJECT:	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corpo	Certificate of Good Sta	inding" and check are sul	net Business in Florida," bmitted to register the
Please return all corresponden	ce concerning this matte	er to the following:	
Dane Andreeff			
	Name of	Person	
Andreeff Management Corporation	on		
	Firm/Co	npany	
450 Laurel Street, Suite 2105			
	Add	ress	
Baton Rouge, LA 70801			
	City/State	and Zip code	
colleen@mapleleaffunds.com			
E-m	ail address: (to be used	for future annual report	notification)
For further information concer	ning this matter, please	call:	
Colleen Langlois	225	706-1600	
Name of Person	at (Area Co		phone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ns Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the foll	owing amount:		
	8.75 Filing Fee & fertificate of Status	■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

Delaware	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida) 26-3228424
(State or count 08/07/2003	ry under the law of which it is incorporated) 5	(FEI number if applicable) perpetual
(Date	e of incorporation)	(Date of duration, if other than perpetual)
		
Name and street	<u>n address</u> of Florida registered agent: (P	ng address, if different) O. Box NOT acceptable)
Name and <u>stree</u> Name:		
	<u>n address</u> of Florida registered agent: (P	O. Box <u>NOT</u> acceptable)

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Dane Andreeff Chairman: 140 E. St. Lucia Lane Address: Santa Rosa Beach, FL 32459 Vice Chairman: Address: Director: **B. OFFICERS** President: Address: ______ Vice President: Address: _____ Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Dane Andreeff, Director

Delaware The First State

· · · Page 1 ·

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

DELAWARE, DO HEREBY CERTIFY "ANDREEFF MANAGEMENT CORPORATION" 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 SIXTEENTH DAY OF FEBRUARY,

A.D. 2017.

Authentication: 202050242

Date: 02-16-17