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Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 5/24

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-05/24/00--01053--029  
\*\*\*\*160.00 \*\*\*\*160.00

Corporation(s) Name

North Shore Capital Management LLC

☐ Profit ☐ Amendment ☐ Merger  
☐ Nonprofit

☒ Foreign ☐ Dissolution ☐ Mark  
☒ LLC ☐ Withdrawal

☐ Limited Partnership ☐ UBR ☐ Other  
☐ Reinstatement ☐ Fictitious Name ☐ Ch. RA  
☐ UCC ☐ 1 or ☐ 3

\*\*\*Special Instructions\*\*

☒ Certified Copy ☐ Photocopies  
☒ Arts/amends/mergers ☐ Other-See Above

☒ (XXX) Walk in ☐ (XXX) Pick-up ☐ ( ) Will Wait

Please Return Filed Stamped  
Copies To:

Carol Clark

Thank You!

FILED  
00 MAY 24 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
00 MAY 24 PM 1:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

48

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. North Shore Capital Management, LLC  
(Name of foreign limited liability company)
2. Wisconsin  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 39-194886  
(FEI number, if applicable)
4. January 1, 1999  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. April 1, 2000  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1001 N. US Hwy One, Suite 875  
Jupiter, FL 33477  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The usual business addresses of the managing members or managers are as follows:

Same as above

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Investment Advisory Services

Douglas Reich  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Douglas Reich

Typed or printed name of signee

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

North Shore Capital Management, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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 TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

C T Corporation System

Connie Ryan *Connie Ryan, Special Asst. Secy.*  
 (Signature)

\$ 100.00 Filing Fee for Application  
 \$ 25.00 Designation of Registered Agent  
 \$ 30.00 Certified Copy (optional)  
 \$ 5.00 Certificate of Status (optional)

DOM  
183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

NORTH SHORE CAPITAL MANAGEMENT, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is JANUARY 1, 1999.

I further certify that said company has not filed articles of dissolution with this department.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on May 22, 2000.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Patricia Weber".

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.