M00000019 18

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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.

(((H00000049196 9)))

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

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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FILED
00 SEP 18 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
00 SEP 19 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/19

FOREIGN LIMITED LIABILITY COMPANY

FOGEL MANAGEMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

H00000049196 9

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOGEL MANAGEMENT GROUP LLC
(Name of foreign limited liability company)

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 5-7-00
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON FILING OF THIS APPLICATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 453 RIVERSIDE DR.
STUART, FL 34994
(Street address of principal office)

FILED
00 SEP 18 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8. If limited liability company is a manager-managed company, check here [X]

9. The usual business addresses of the managing members or managers are as follows:
453 RIVERSIDE DR.
STUART, FL 34994

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 and any other lawful purpose.

X _____
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.)
Michael Fogel, Manager
Typed or printed name of signee

BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013
(212)431-5000

H00000049196 9

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:

FOGEL MANAGEMENT GROUP LLC

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

Michael Fogel
(Name)

453 RIVERSIDE DR.
Florida street address (P.O. Box NOT ACCEPTABLE)

STUART FL 34994
City/State/Zip

FILED
00 SEP 18 AM 9:17
SECRETARY OF STATE
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.

Michael Fogel (Signature)

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

BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013
(212)431-5000

H00000049196 9

H00000049196 9

PAGE 1

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOGEL MANAGEMENT GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOGEL MANAGEMENT GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
00 SEP 18 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013
(212)431-5000

H00000049196 9

Edward J. Freel, Secretary of State

3240572 8300

001408031

AUTHENTICATION: 0615412

DATE: 08-11-00