(Name of Person) at (847) SO1-S10S

(Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Tallahas

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status

S78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 18, 2001

WILLIAM J. TURNER SIGNATURE CAPITAL SECURITIES LLC 4000 GULF TO SHORE BLVD., #2600 NAPLES, FL 34103

SUBJECT: SIGNATURE CAPITAL SECURITIES LLC

Ref. Number: W01000001413

We have received your document for SIGNATURE CAPITAL SECURITIES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note that highlighted fee schedule for the LLC form & submit the correct additional amount needed, based on what certification you want (if any). We have retained your \$87.50 and certificate from New York.

Please return 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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 801A0000297

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: Signature Cojertal Securities LLC (Name of foreign limited liability company) Junisdiction under the law of which foreign limited liability

3. 13-3951939

(FEI number, if applicable) 4. <u>6/6/97</u>
(Date of Organization) 6. I/OI/OI
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, \$\mathbb{H}.\square\$ 7. 565 Sheridan Rd Winnetka, IL 60093
(Street address of principal office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: William J Turner, 4000 Gulf Shore Blud # 2600, Naples, FL 34103.
William N Sich, Jr, 565 Shrida Rd Winnetha, IL 60093 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: Private placements

Typed or printed name of signee

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.)

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.

. The name of the Limited Liability Company is:
Signature Capital Securities LLC
The name and the Florida street address of the registered agent and office are:
William J Turner (Name)
(Name)
Florida street address (P.O. Box NOT ACCEPTABLE)
Florida street address (P.O. Box NOT ACCEPTABLE)
Naples FI. 34103
Naples FL 34103 City/State/Zip
daving 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 egistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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. The second s
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)
φ 3.00 Certificate of Status (optional)

State of New York Department of State

I hereby certify, that SIGNATURE CAPITAL SECURITIES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/06/1997, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of December two thousand.

Special Deputy Secretary of State

200012190301 * 07

O1 FEB 22 PM 3: 29
SECRETARISE FLORIDA